Commonwealth of Massachusetts
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
Mitt Romney, Governor ◆ Kerry Healey, Lt. Governor ◆ Jane Wallis Gumble, Director

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

FISCAL YEAR 2007
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

ADMINISTRATIVE GUIDANCE FOR PROGRAM OPERATORS

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Table of Contents

INTRODUCTION

The FY 2007 Low Income Home Energy Assistance Program (LIHEAP) will mark the 30th year of the availability of heating assistance to Massachusetts' low-income households. Since the initial Federally-funded $5 million program in 1977, Federal funding for fuel assistance has ranged from as high as $117.24 million in FY 2006, to $42 million in FY 1999. During fiscal year 2006, the Department of Housing and Community Development (DHCD) received a total of $137.25 million in federal base, contingency, and state funds. Massachusetts continues its commitment to serve households that are at or below 200% of the federal poverty level.

Massachusetts' Low Income Home Energy Assistance Program for the 2006 – 2007 heating season is designed to provide relief to those households that are most vulnerable to the high home heating costs. Consistent with the legislation re-authorizing the program, Massachusetts LIHEAP targets assistance to households with the lowest incomes and highest average energy costs through the High Energy Program that will continue in FY 2007. Under this program, households with higher than average heating costs may be eligible for an additional benefit above their regular assistance amount.

Massachusetts' LIHEAP is administered by the Department of Housing and Community Development (DHCD), Division of Community Services (DCS), Community Services Unit (CSU). Local service delivery is accomplished by 21 community-based non-profit agencies and one municipal agency, throughout 22 service areas established across the state. Nineteen (19) of the local provider agencies are designated Community Action Agencies (CAAs). All LIHEAP provider agencies have the experience necessary to provide services to and advocate for low-income families and individuals. In addition, the majority of these agencies are also local providers of DHCD's low-income weatherization and energy conservation programs

Massachusetts' LIHEAP is intended primarily to help defray the cost of heat during the winter months (November 1 – April 30). It is an assistance program, and is not intended to pay the entire winter or annual heating costs for eligible households. LIHEAP payments for eligible households are always contingent upon the availability of funds, and therefore cannot be guaranteed. The program year may be shortened at the discretion of DHCD if client enrollment is greater than expected or program funding is significantly lower than anticipated. To ensure the effectiveness of fuel assistance funding, Massachusetts' LIHEAP has been designed primarily as a vendor payment program.

The following Guidance was developed by CSU for implementation by LIHEAP Subgrantees. Throughout the program year, CSU may issue additional guidance, clarification, or revisions which must be incorporated into this Guidance. However, this Guidance is intended to assist LIHEAP grantees in determining eligibility and is not intended to be exhaustive.

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I. DEFINITIONS

A. **<u>Aide to Elderly/Persons with Disabilities</u>**
A full-time, paid individual (such as a nurse, home health aide, or personal care attendant) who is:

1. Retained or arranged for on a live-in basis by an elderly or disabled person(s) for the primary purpose of providing essential health or support services;

OR

2. An unpaid individual (usually a family member), whose primary residence is outside the dwelling unit, who is residing there on a temporary basis (6 months or less) for the primary purpose of providing essential health or support services.

B. **<u>Disabled Individual</u>**
Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairments, or is regarded as having such impairment.

C. **<u>Emergency</u>**

1. **<u>No heat for any reason, including heating system failure.</u>**

2. **<u>Imminent loss of heat due to:</u>**

◇ Less than a 3 day supply of fuel (e.g., a reading of 1/8 tank or less on a standard 275 gallon heating oil tank; "three day or less" supply standard applies to other delivered fuels).

◇ Possession of final notice of utility termination for the primary heat source.

◇ Possession of final notice of termination for a secondary source utility necessary to operate the primary heating system when termination is scheduled to occur or has occurred between November 1st and April 30th.

◇ Threatened eviction within 72 hours for a renter whose rent renter whose rent includes heat.

◇ An emergency also includes the aftermath of fire, other unforeseen events that may force relocation or other circumstances which DHCD deems to be a "household energy related emergency" in accordance with the statute, and which cannot be resolved by other public or private resources of the Subgrantee or of the community.

D. **Head of Household**

The individual whose name appears on the major bills of the household (e.g., mortgage, rental agreement or lease, heat/utility bills, etc.), except in the following cases: deceased spouse, bill in relative's name due to credit problems, or other special circumstances.

E. **Heating Season**

The heating season is November 1st through April 30th unless otherwise extended.

F. **Household**

The Massachusetts LIHEAP definition of household is drawn directly from the Federal Low Income Home Energy Assistance Act, as amended, 42 U. S. C. sec. 8622 (2), A household is:

Any individual or group of individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent.

For purposes of LIHEAP eligibility, persons sharing the living space of a single dwelling unit heated by a single heating system are generally considered to constitute a single household, except in limited instances of separate economic units determined in accordance with this Guidance.

For the Massachusetts LIHEAP, a married couple living together always constitutes a single household.

G. **Housing Costs**

This could include mortgage (principle and interest), homeowner's insurance, real estate taxes, and/or rent. For condominium owners, this may additionally include a condominium fee. For mobile home owners, this may include monthly park rent.

H **Income**

Refers to gross income from all sources. See Eligibility Determination section for details on what is included and excluded.

I. **Local Level Appeal**

The process by which a Subgrantee, at the request of an applicant/client, reconsiders a decision relating to eligibility and/or benefits. An appeal at the local level may take the forms of a paper review of the application file, including any additional documentation requested by the Subgrantee and provided by the applicant/client, or when requested, a tape-recorded, face-to-face hearing.

J. **Low-Income**

For LIHEAP eligible households, low-income is a situation where a household's monthly expenses exceeds monthly income by $200 or more.

K. **Self-Employment**

A situation wherein a person works for himself/herself or group of persons who work for themselves and not for others.

L. **Separate Economic Unit**
The special circumstances when a person(s) may be living with and share energy usage with another person(s), yet constitutes an independent and self-supporting household. This situation occurs in limited instances and is determined to exist by the specific steps outlined in the Administrative Guidance.

M. **Single Dwelling Unit**
One apartment, condominium or cooperative unit, or a single-family house.

N. **State Level Appeal**
The process by which DHCD, at the request of an applicant/client, reviews the outcome of an appeal determined at the Subgrantee level.

O. **Zero Income**
A situation where an individual member of a household or an entire household has no income as detailed in this Guidance.

II. INTAKE/CERTIFICATION

A. **Introduction**
The intake process consists of gathering data about the potentially eligible household, assessing the need for appropriate documentation of eligibility and determining the status of the household eligibility for LIHEAP. The first steps should be to establish:

- ◇ The identity of head of household and address verification;
- ◇ The size of the household;
- ◇ The source of or lack of income or student status for every member over 18 years;
- ◇ Housing costs;
- ◇ Housing situation (rental, owned, or other); and
- ◇ Household energy burden.

This information will then determine the necessary documents to be submitted. A subsidized rental situation or ownership of a second home may decide ineligibility.

Intake procedures can differ if the household applies through recertification or applies for the first time. The steps above apply in both situations.

The next two sections pertain to the intake process for both recertification and new applications.

B. **Applicant Information**

The measures outlined below will be undertaken to establish the identity and address of all new applicants.

Picture identification for the head of household and the person identified as the proxy is recommended when applying for LIHEAP. Verification of a client's address and identification must be on file for all LIHEAP applicants as part of the certification requirements. The address and identification verification obtained from prior year LIHEAP recipients does not need to be updated unless the client has moved or there is a new head of household.

1. **Applicant Identification**

   The head of household should provide picture identification. The following are examples of documents that establish identity:

   - ◇ Valid Driver's License or State I.D. Card;
   - ◇ Student Identification Card;
   - ◇ U. S. Military Card;
   - ◇ United States Passport;
   - ◇ Current USCIS (formerly known as INS) Employment Authorization Card;
   - ◇ Current Foreign Passport with Attached Employment Authorization;
   - ◇ Certificate of U. S. Citizenship;
   - ◇ Certification of Naturalization;
   - ◇ Alien Registration Card (Green Card);
   - ◇ MBTA Card; or
   - ◇ Work I.D.

Please note in the Comment Sheet if applicant is unable to provide picture identification and note the type of identification provided.

2. **Housing Costs**

   Monthly housing costs are required on the LIHEAP application. For the purposes of LIHEAP, housing costs could include mortgage (principal and interest), homeowner's insurance, real estate taxes, and/or rent. For condominium owners, this may include a condominium fee. For mobile homeowners, this may include monthly park rent.

   New applicants and recertified households that claim zero income shall submit proper documentation to the Subgrantee to substantiate housing costs. In certain instances, the Subgrantee may still request documentation when they deem it necessary to determine eligibility.

Recertification applicants are not required to submit housing cost documentation in order for their applications to be processed unless they are claiming zero income.

Subgrantees must make every effort to obtain housing cost documentation from new applicants and zero income applications. Subgrantees must be able to demonstrate their efforts to gather such information. At a minimum, agency efforts must be noted on the Comment Sheet. However, determination of eligibility and certification shall not be delayed due to lack of such documentation.

Agencies may use DHCD's "No Mortgage/No Homeowner's Insurance" Form for applicants who do not have such expenses.

3. **Address Verification**

All heads of household must provide address verification. Applicants with post office boxes must also provide street address. Fixed income documentation, with current address, may be utilized as official verification of address. Acceptable forms of address verification include:

- ◇ Copes of bills (gas, electric, telephone, cable) with service address;
- ◇ Most recent Massachusetts income tax form (no older than previous year);
- ◇ Driver's License, only if address on license matches address on application;
- ◇ Rental Information Form signed by landlord; or
- ◇ Copies of current lease.

C. Application Recertification Process

The LIHEAP application renewal process will continue as in previous years. Subgrantees are required to mail applications to all prior year LIHEAP eligible, denied over-income and incomplete application households unless otherwise approved by CSU.

- ◇ Non-respondents can be included but should be excluded from the mailing after the second year.
- ◇ Applications that are incomplete for three consecutive years should be excluded from the mailing.

Subgrantees are encouraged to consider staggered mailings in an effort to better control the volume of returned applications.

Applicants who have submitted income documents without their application must be issued a written incomplete notice. If applicants are contacted by telephone at any time, the Comment Sheet must document the telephone contact data and subject matter with the initials of the Subgrantee contact. A written incomplete notice still must be sent to the applicant.

A mail-in application is considered an official LIHEAP application upon receipt by the Subgrantee. All applications must be date stamped. All incoming applications must be entered into the database in a timely manner.

For applicants who have lost their application, Subgrantees must reprint the lost application within 5 working days.

The status of the following situations must be updated yearly. Current documentation is necessary and new forms must be completed. Forms from the previous year cannot be used for the current program year in these instances. Face-to-face interviews may be required if the following situations continue to exist from the previous program year:

- ◇ Separate Economic Unit (SEU) Status: A face-to-face interview or submission of a new SEU questionnaire and current documentation of the shared living expenses or rent paid are required.

- ◇ "No Income" for the entire household: Submission of a Statement of No Income Form and the Low-Income/No Income Interview Form are mandatory. Homeowner applicant must provide evidence of housing costs (i.e., mortgage – principal and interest, condo fee, real estate taxes and home insurance). A Wage Match is also required.

- ◇ Monthly Income Exceeds Monthly Housing Costs by up to $200 or less: The Low-Income/No Income Interview Form is mandatory and if appropriate, the Financial Assistance Statement Form is required.

The following documents may be utilized from year-to-year (provided there is no change of address or household status), and must be acceptable in the client's file:

- ◇ Applicant Identification Documentation;

- ◇ Applicant Address Verification;

- ◇ Rental Information Form (Tenant Landlord Form) for households with the cost of heat included in the rent. (This document must be renewed every second year or whenever there is any change in ownership of the building or rent amount. If the new information is the documents or form differs from the application, an explanation and correction must be written in the Comment Sheet and/or application); and

- ◇ Signed Proxy Authorization

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Rental Information Form
(To be completed by Landlord)

Tenant's Name: ______________________________
Tenant's Application Number: ______________________________
Tenant's Address: ______________________________

Date Tenant Moved In: ______________________________

Number of Individuals in Unit: ______________________________

Names of Other Individuals: ______________________________
____

How Many Units are in the Building? ______________________________

How is the Building Heated?
_____ Oil _____ Gas _____ Electricity _____ Other (please specify)

Does Each Unit Have Separate Meter or Furnace? _____ Yes _____ No

Rent Amount: __________ per Month/Week (circle one)

Utilities (if any) included in Rent:
_____ Heat _____ Gas _____ Electricity _____ Hot Water

Is the Rent Subsidized? _____ Yes _____ No Tenant's Portion: ________
If yes, what type of subsidy (refer to lease)? ______________________

Is tenant behind in rent? _____ Yes _____ No
If yes, amount tenant owes in back rent: $__________
For which months? ______________ to ______________

Landlord's Name: ______________________________
Landlord's Address: ______________________________
(Street Address, Floor and Apartment #, Not P. O. Box, Whenever Possible)
Landlord's Telephone #: ______________________________
Landlord's Signature: ______________________________
Today's Date: ______________________________

D. **New Applications**

All new LIHEAP applicants must complete an application form in the presence of an authorized intake workers. All information is to be recorded as completely as possible at the time of the interview. After reading the authorization on the back of the form, the applicant must sign the application form. An intake worker's signature or initials must also appear on the application.

Proxy Situations

The head of household or his/her spouse must complete and sign the LIHEAP application. However, in certain limited instances, an individual not living in the house may file an application on behalf of a household. The Subgrantee must obtain a written statement signed by the head of the household authorizing the proxy. This signed statement must be retained in the applicant file. The proxy must provide a photo identification at the time of application and a copy of this identification must be kept with the file. Identification and address verification must also be on file for the actual head of household.

E. **General Program Information**

Subgrantees must notify CSU if they become aware that fuel assistance benefits are being counted as income for eligibility purposes by any other agency or assistance program.

Eligibility determination is not to be delayed if an applicant fails to respond to questions about social security number, ethnicity, or secondary source energy provider.

An applications may be delayed when the applicant and/or other adult household members have not returned the application addendum (i.e., Wage Match form).

(AGENCY LOGO)

Low Income Home Energy Assistance Program (LIHEAP)

PROXY AUTHORIZATION FORM

Applicant Name: ____

Application Number:____

I, ________________________________ (Head of Household), hereby give permission to the following named individual to sign my Fuel Assistance Application for me.

Name of Authorized Proxy*:

____

Relationship to

Applicant:____

Signature of Head of Household:

____Date:________________

** The person identified as proxy must show a photo I. D. A copy of the applicant's photo I.D., must be attached.*

The next step in determining eligibility of a client is the assessment of the household's housing situation.

F. **Eligibility of Renters**

Renters who bear an energy burden in relation to gross income may be eligible for LIHEAP benefits. The eligibility of renters can be categorized in two ways: those who pay the full cost of their heat and those with the cost of heat included in their rent.

1. **Renters Who Pay the Full Cost of Their Heat**

Full Benefit

a. ***Non-subsidized renters*** are eligible for the full benefit paid to the heating vendor.

b. ***Subsidized Renters*** are in two categories:

i. Renters with a state subsidy (MRVP, AHVP, Chapter 200, 667, 689) are eligible for a full benefit paid to vendor.

ii. Renters with a federal subsidy (HCVP/Section 8):

a. If the monthly rent is more than 30% of LIHEAP gross monthly income, the applicant is eligible for a full benefit paid to vendor.

Subsidized Benefit

b. If the monthly rent is 30% or less of LIHEAP gross monthly income, the applicant is eligible for a subsidized benefit paid to vendor.

2. **Renters With the Cost of Heat Included in the Rent**

Partial Benefit

a. **Non-subsidized renters** are eligible for a full benefit (however, payments can only be authorized up to 30% of the rent paid directly to the household).

b. **Subsidized renters** are in two categories

i. Renters with a State subsidy (MRVP, AHVP, Chapter 200, 667, 689:

Full Benefit

a. If the monthly rent is more than 30% of LIHEAP gross monthly income, the household is eligible for a full benefit (however, payments can only be 30% of the rent paid directly to the household).

No Benefit

b. If the monthly rent is 30% or less of LIHEAP gross monthly income, the household is ineligible.

Subsidized Benefit

ii. Renters with a Federal subsidy (HCVP/Section 8):

a. If the monthly rent is more than 30% of LIHEAP gross monthly income, the household is eligible for a subsidized benefit (however, payments can only be authorized up to 30% of the rent paid directly to the household).

b. If the monthly rent is 30% or less of LIHEAP gross monthly income, the household is ineligible.

Households that reside in subsidized housing with heat included in rent that are ineligible for LIHEAP benefits but pay for electricity usage may be eligible for the electric utility discount rate if they meet all of the following criteria:

- ◊ The presence of a housing subsidy;
- ◊ The cost of heat is included in the rent; and
- ◊ Tenant pays for electric utilities.

These households will be determined for income eligibility and if within 200% of the federal poverty level, will be included in the discount rate notice sent to the utility.

The households remain ineligible for LIHEAP benefits. A separate denial notice must be sent stating that the household is income eligible for the discount rate but ineligible for LIHEAP benefits.

NOTE:
Standard round off rules apply in the comparison of monthly rent and monthly expenses. Example: 30.4% = 30%, 30.5% = 31%.

SUBSIDIZED HOUSING BENEFIT CHART

SUBSIDY	FUNDING SOURCE	HEAT INCLUDED IN RENT	CLIENT PAYS FOR HEAT
Section 236 Section 221(d)(3)	Federal HUD	* Market or Moderate Rents --- Eligible for 100% benefit level. * Market or Moderate Rents combined with additional subsidy and rent exceeds 30% of income -- Eligible for 100% benefit level. * Fixed low percentage of income -- Not eligible for benefits.	Eligible for 100% benefit level.
Section 202	Federal HUD	* Market or Moderate Rents --Eligible for 100% benefit level. * Fixed low percentage of income -- Not eligible for benefits.	Eligible for 100% benefit level.
Housing Choice Voucher Program (HCVP) formerly Section 8 (Voucher/Certificate)	Federal HUD	* Rent is greater than 30% of LIHEAP gross income -- Eligible for subsidized benefit level. * Rent is 30% or less of LIHEAP gross income -- Not eligible for benefits.	* Rent is greater than 30% of LIHEAP gross income -- Eligible for one hundred percent (100%) of benefit level Rent is 30% or less of LIHEAP gross income -- Eligible for subsidized benefits level.
Massachusetts Rental Voucher Program (MRVP) -- Mobile or Project Based Alternative Housing Voucher Program (AHVP)	State	* Rent is greater than 30% gross income -- Eligible for 100% benefit level. * Rent is 30% or less of LIHEAP gross income -- Not eligible for benefits.	Eligible for 100% benefit level.
Chapter 200 Chapter 667 Chapter 689 Chapter 705	State	-- Not Eligible for Benefits.	Eligible for 100% benefit level

G. Homeowners

1. Documentation of Housing Costs

All applicants must disclose housing costs on the LIHEAP application.

Definition of housing costs: Monthly housing costs are required on the LIHEAP application. For the purpose of LIHEAP, housing costs could include mortgage (principal and interest), homeowner's insurance, real estate taxes, and/or rent. For condominium owners, this may include a condominium fee. For mobile homeowners, this may include monthly park rent.

New Applicants and households that claim ***zero income*** shall submit proper documentation to the Subgrantee to substantiate housing costs. In certain instances, the Subgrantee may still request documentation when they deem it necessary to determine eligibility.

Recertification applicants are not required to submit housing costs documentation in order for their applications to be processed unless applicant is claiming zero income.

Subgrantees must make every effort to obtain housing cost documentation from new applicants and zero income applicants. Subgrantees must be able to demonstrate their efforts to gather such information. At a minimum, agency efforts must be noted on the Comment Sheet. Determination of eligibility and certification shall not be delayed due to lack of such documentation.

Agencies may use DHCD's "No Mortgage and/or No Homeowner's Insurance" Form for applicants who do not have such expenses.

2. Ownership of Additional Real Estate Property

Homeowners that indicate on their LIHEAP applications that they own real estate property other than their primary residences are subject to further review by the LIHEAP Subgrantees.

For LIHEAP purposes, the definition of real estate property is a dwelling (including: vacation home, second home, income properties, etc.) other than the applicant's primary residence. Undeveloped land and timeshare properties are excluded from this definition.

Purpose

For those households that indicate the ownership of additional real estate property, the LIHEAP application requires the household specify the type/use and the assessed value (e.g. vacation home, second home, income properties, etc.) of the real estate property. The Comment Sheet must be completed.

Applications that do not supply type/use and assessed value information shall be deemed incomplete.

Determination
The Subgrantee must ascertain whether the ownership of the additional real estate is essential to self-support of the household. In most case, this is determined by the generation of income as a result of the ownership of such property(ies).

- ◇ LIHEAP applications for those households whose ownership of the additional real estate property is determined to be essential to self-support by the Subgrantee shall be processed accordingly.

- ◇ For those households that have been determined to own real estate property that is **not** essential to self-support, their applications must be denied by the Subgrantee. Applicants reserve the right to appeal the denial in accordance with the appeal procedures described in the LIHEAP Administrative Guidance.

In the case when an applicant is co-owner of a property with other(s) who are not members of the applicant household, applications are subject to further review by the Subgrantee and/or DHCD.

H. Shared Living Situations

1. Separate Economic Units (SEU)

Massachusetts LIHEAP acknowledges that in limited instances, a person(s) may be living with and share energy usage with another person(s), yet constitute a "Separate Economic Unit" (SEU). If the household applying for LIHEAP states in the original application or during the intake process that separate households exist and share household expenses, Subgrantees must inform applicants about SEU status and the requirements. No agency can declare that SEU is not a recognized living arrangement.

All members of the application who are living together are first to be considered a single household.

If the applicant wants to pursue the Separate Economic Unit policy, all of the criteria must be met. If only some of the criteria has been documented, the household cannot be considered a Separate Economic Unit.

For example:

If the members do not have their own income sources, the household is not an SEU.

If there is no "paper-trail" showing a division of expenses, the household is not an SEU.

The household must provide 3 consecutive months (prior to the application date) of income and household documents and copies of bills and method of payment.

Subgrantees are required to adhere to the following steps to determine the possibility of SEU:

- ◇ Separately generated/received incomes.

- ◇ Financial arrangements that represent a systematic, reasonable, credible division of expenses for the dwelling.

- ◇ Each separate Economic Unit must have direct or indirect responsibility for a share of the dwelling's heating costs and must have sufficient income to cover the proportionate share of the household expenses.

- ◇ There must be a division of space with private sleeping quarters and access to common areas (i.e., bathroom, kitchen, and living room) for each Separate Economic Unit.

Each applicant (household) applying for LIHEAP as a Separate Economic Unit must submit a completed "Shared Living Questionnaire" and supporting documents to the Subgrantee (as specified in the Questionnaire). These items must be included in the applicant's file.

A division of space, the separate purchase of food, separate meals, and the separate payment for other personnel expenses each favors the presence of Separate Economic Unit.

The following points will guide Subgrantees in the determination of eligibility for individual(s) claiming "separateness" in a single dwelling unit.

- ◇ Number of households in the unit;

- ◇ Income for each household;

- ◇ Financial independence of each household;

- ◇ Access to entire space or division of space with separate private living/sleeping space and common access to kitchen, dining and bath areas.

- ◇ Food and personal expenses are paid separately;

- ◇ Payment of basic expenses:

  Each pays a percentage of each household bill – heat, electricity, rent, telephone, etc.

  OR

  Each household pays a fixed amount that covers the bills including the cost of heat to a designated household

  OR

Each household pays a specific bill (A pays rent, B pays heat, C pay telephone/electricity).

2. **Documentation Requirements for Separate Economic Units**

The following items (as available) must be obtained to support the existence of Separate Economic Units:

- ◇ Copies of 3 months of household bills;
- ◇ Copies of 3 months of canceled checks/money orders with corresponding bills;
- ◇ Copy of "Shared Living Questionnaire" signed by applicant household;
- ◇ Copy of lease (if available)

NOTE:
One method of verifying shared rent is to obtain a copy of the applicant's current Massachusetts Residential Income Tax Form. This form should show the amount paid for rent in the Rental Deduction Section.

3. **Benefit Determination for Separate Economic Units**

The eligibility of each applicant SEU in a single dwelling unit must be individually determined. Eligible SEUs must be issued a Notice of Eligibility explaining the divided benefit level.

Maximum benefits for a particular eligible EU will be determined as follows:

- ◇ The Subgrantee must determine the SEU's maximum benefit level according to the income standards for LIHEAP.
- ◇ The Subgrantee must divide the amount of the SEU's maximum benefits by the total number of SEU's living in the dwelling unit, whether or not the eligibility of each SEU has been independently determined.
- ◇ The determined amount will be the maximum amount of benefit for each SEU.

Example 1: The dwelling unit is occupied by 4 SEUs. Two (A and B) are eligible by income for the maximum benefit level and two (C and D) are eligible for the lower benefit level.

Households A and B are each eligible for one-quarter (1/4) of the maximum benefit.

Households C and D are each eligible for one-quarter of the lower benefit.

Example 2: The same circumstances, but only households A and C are eligible by income to receive benefits. Their individual benefits will not change (i.e., A is eligible for one-quarter (1/4) of the maximum benefit and C is eligible for one-quarter (1/4) of the lower benefit).

4. **Aides to Elderly/Persons with Disabilities**

An elderly or disabled person who brings a full-time, live-in aide into his/her home may be determined independently eligible for LIHEAP if the aide meets the LIHEAP definition of an Aide to Elderly/Persons with Disabilities in the Definitions section of this document.

The elderly/disabled applicant must provide a signed self-declaration and other relevant documentation, (including but not limited to physician's statements, contractual agreements, proof of outside residency, etc.), concerning such an arrangement.

5. **Group Homes/Other Living Situations**

Applicants who do not personally experience energy vulnerability are not eligible for LIHEAP. Applicants in the following living arrangements are not eligible for LIHEAP:

- ◇ Public or private institutional group care facilities such as nursing homes, foster care homes, assisted living, group homes, centers, or such living arrangements where the provider is liable for the costs of shelter and home heating, in part or in full, on behalf of such individuals;
- ◇ Correctional Facilities; and
- ◇ Dormitory, fraternity, or sorority house or similar living arrangements.

6. **Residency Requirement**

Households must demonstrate that the living situation (e.g., house, condo, rental unit, etc.) is their primary residence. Furthermore, during the fuel season, household members must reside at the address stated on their LIHEAP application. If the entire household is temporarily vacated for one month or more, LIHEAP funds shall not be used to support energy costs incurred while the household was unoccupied. Only inhabited households are eligible for LIHEAP funds. For example, if a household resides in Florida from December 1st to January 31st, that household may not be reimbursed energy costs for the months of December and January. Exceptions to this may include military service and hospital stays.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

SHARED LIVING or SEPARATE ECONOMIC UNIT QUESTIONNAIRE

If indicated that the applicant shares an apartment or house with another individual(s).
Each applicant household must complete this form before the application can be processed:

Applicant Name: ______________________________
Application #: ______________________________
Date: ______________________________
Landlord's Name: ______________________________
Landlord's Phone # ______________________________
Landlord's Address ______________________________
Date you moved to this address: ______________________________
How many individuals live in the apartment/house? ______________________________

Names: ______________________________

Income

Do you have your own income? ________ Yes ________ No
If yes, explain what kind of income:

____

What type of income do the other individuals have?

____

Expenses

Who is responsible for the expenses of the apartment/house? ____________________
(Whose name appears on the mortgage, lease, heating bill, electric bill, gas bill, telephone bill?)______________________________
What expenses are you responsible for? Please check off appropriate spaces and provide canceled checks and/or money orders for the past three (3) months:
___ Rent ___ Gas ___ Electric ___ Telephone ___ Cable
Other (please specify): ______________________________

Within the last year, have any of the other individuals living in the apartment/house helped you in any way with these expenses? ______________________________

Living Arrangements/Division of Space

Are you related to any of the individual(s)? ______________________________
If yes, what is the relationship? ______________________________
Does everyone have access to common living space? ______________________________
How many bedrooms in the apartment/house? ______________________________
(Please provide lease, rental information form, assessor's report)
Do individuals purchase food or other personal items separately? ______________________________

Applicant's Signature: ______________________________ **Date:** ______ 20____

III. ELIGIBILITY AND BENEFITS CHART

Eligibility for the current program year is based on total gross annual income (before taxes and deductions) for all household members and/or self-employment income (minus LIHEAP allowed deductions) and vulnerability to energy costs as defined within this Guidance.

Massachusetts LIHEAP benefit levels are structured to target the greatest assistance to households with the lowest gross income. Subject to final Federal appropriation, LIHEAP benefit levels are listed in the Income Eligibility Chart. LIHEAP benefits are not guaranteed to eligible households, but are dependent upon the availability of funds.

The FY 2007 LIHEAP income Eligibility Chart is based on the 200% of the Federal Poverty Level, limited to a maximum of 60% of estimated State Median Income. The LIHEAP Income Eligibility Chart is also based on gross annual income for all household members.

FY 2007 LIHEAP Income Eligibility Chart

Family Size (# of people in the household)	100% of Federal Poverty Level	125% of Federal Poverty Level	150% of Federal Poverty Level	175% of Federal Poverty Level	200% of Federal Poverty Level
1	$ 9,800	$ 12,250	$ 14,700	$ 17,150	$ 19,600
2	$ 13,200	$ 16,500	$ 19,800	$ 23,100	$ 26,400
3	$ 16,600	$ 20,750	$ 24,900	$ 29,050	$ 33,200
4	$ 20,000	$ 25,000	$ 30,000	$ 35,000	$ 40,000
5	$ 23,400	$ 29,250	$ 35,100	$ 40,950	$ 46,800
6	$ 26,800	$ 33,500	$ 40,200	$ 46,900	$ 53,600
7	$ 30,200	$ 37,750	$ 45,300	$ 52,850	$ 60,400
8	$ 33,600	$ 42,000	$ 50,400	$ 58,800	$ 67,200
9	$ 37,000	$ 46,250	$ 55,500	$ 64,750	$ 73,388
10	$ 40,400	$ 50,500	$ 60,600	$ 70,700	$ 74,949
11	$ 43,800	$ 54,750	$ 65,700	$ 76,511	$ 76,511
12	$ 47,200	$ 59,000	$ 70,800	$ 78,072	$ 78,072
13	$ 50,600	$ 63,250	$ 75,900	$ 79,633	$ 79,633
14	$ 54,000	$ 67,500	$ 81,000	$ 81,195	$ 81,195
15	$ 57,400	$ 71,750	$ 82,756	$ 82,756	$ 82,756
16	$ 60,800	$ 76,000	$ 84,318	$ 84,318	$ 84,318
17	$ 64,200	$ 80,250	$ 85,879	$ 85,879	$ 85,879
18	$ 67,600	$ 84,500	$ 87,441	$ 87,441	$ 87,441
19	$ 71,000	$ 88,750	$ 89,002	$ 89,002	$ 89,002
20	$ 74,400	$ 90,564	$ 90,564	$ 90,564	$ 90,564

The maximum gross income cannot exceed 200% of FPL, limited up to 60% of estimated state median income,

Federal Poverty Level Source: [Federal Register: January 24, 2006 (Volume 71, Number 15)]

State Median Income Source:[Federal Register: February 28, 2006 (Volume 71, Number 39)]

IV. INCOME AND REQUIRED DOCUMENTATION

A. Introduction

Eligibility for the current program year is based on four factors:

1. Household size (whoever lives in the dwelling at the time of the applications);

2. Total gross income or salary (before taxes and deductions) and/or self-employment income (minus LIHEAP allowed deductions) for all adult household members;

3. Vulnerability to energy costs; and

4. Housing status (e.g., rental subsidies and second home ownership).

Wage income includes over-time, one-time bonuses, tips, and housing expenses paid by the employer in lieu of salary. Lump-sum payments in lieu of salary must be counted and pro-rated by the length of time that the payment covers.

Subgrantees must have income documentation on file for each member over 18 years old in the applicant household.

Timeframes

Income documentation must represent 4 consecutive weeks prior to the applications date or any 4 consecutive weeks after the application date and up to April 30th, or the last date of an extended intake period.

Income Calculations

To obtain gross annualized amounts (52 weeks), the following is applied:

- ◇ Weekly income sources are multiplied by 52;
- ◇ Four (4) weeks totals are multiplied by 13;
- ◇ Bi-weekly income sources are multiplied by 26;
- ◇ Annual income sources are multiplied by 1;
- ◇ Year-to-date must obtain a weekly average and multiply by 52

B. Income Sources

Eligible income sources include:

- ◇ Wages and salaries (including bonuses, tips, overtime allowances, and taxable benefits/contributions), self-employment earnings (less allowable LIHEAP deductions), strikers' benefits;

- ◇ Social Security, Supplemental Security Income (SSI);
- ◇ TANF, (gross grant amount, including protective payment portion, when applicable), EAEDC;
- ◇ Unemployment compensation, worker's compensation, temporary disability insurance payments;
- ◇ Pensions and annuities, dividends, interest greater than $100, estate or trust income;
- ◇ Rental income less allowable deductions;
- ◇ Royalties, cash prizes or lottery winnings;
- ◇ Alimony, child support, mortgage/rent payments in lieu of or in addition to support payments;
- ◇ Regular/ongoing cash support given to or on behalf of a household by others;
- ◇ DTA rent allowances, any scholarship or scholastic grant which can be used for current maintenance (housing, food, clothing, etc.) and is not covered under the Higher Education Act or its amendments; and any other payment considered by the state to be income;
- ◇ Odd jobs employment income;
- ◇ Income from lump sum receipts (Stocks/Bonds, Capital Gains, Royalties, Inheritances, Insurance Payments [excluding life insurance and third party payments], one-time Alimony/Child Support, Pensions/ Annuities/IRA withdrawals for applicants who are at 59 ½ years of age).

C. Income Documentation

Documentation of all income sources must contain:

- ◇ Client's name;
- ◇ Social Security Number; and
- ◇ Gross income.

1. Acceptable Documents for Wage and Salaries

Documentation of wages must contain the following:

- ◇ Client's name;
- ◇ Social Security Number/Employee Identification
- ◇ Gross taxable income;

- Date; and
- Pay Stubs:
  Four (4) Consecutive weekly pay periods or
  Two (2) consecutive bi-weekly pay periods; or
  Five (5) consecutive pay periods to obtain year-to-date.

The following wage and salary documents must be collected when the above pay stub requirements are not met:

- A letter from the employer on company letterhead which includes employer identification, the company's address, and telephone number, employee's name, the date employment began (and terminated, if applicable), and the employer's signature and date, with available pay stub(s) attached, or

- An agency prepared form completed, signed, and date by an authorized representative of the employer, with available pay stub(s) attached, or

- An unemployment printout from DET that includes **wage** and **dependent care** information, or

- In instances where a pay stub cannot be produced to accompany an income statement on letterhead, the employer's letter may be accepted as income verification. This information must, however, be received FROM the employer, either via mail or in person. When this information is received via mail, the accompanying envelope must be attached to the letter and included in the file. The agency must check the return address on the envelope (if applicable) and verify that it corresponds to the employer's address.

COMMENTS/NOTES:

The full gross amount on any pay stub including military pay stubs must be counted.

2006 Forms 1040 and W-2 forms for a household can be used in the following situations:

- Denied over-income with an application date prior to 1/31/07 and appealing with tax documents

OR

- Applying in December or January.

Copies of computer worksheets for taxes if filed electronically and a copy of the IRS's confirmation acceptance page showing acceptance number of the electronic filing are acceptable for the Form 1040.

The highest amount recorded on the W-2 for boxes, 1, 3, or 5 is the gross income for LIHEAP purposes.

D. Income Calculation of Wages

To establish an applicant's income eligibility, Subgrantees must annualize the household's gross income (before taxes and other deductions) utilizing at least the most recent 4 weeks or 30 days of income, but not more than 52 weeks of income preceding the date of application.

Subgrantees are encouraged to establish a policy of reviewing only the 4 weeks preceding the application date

OR

Any 4 consecutive weeks after the application date up to April 30th, or the last date on an extended intake period.

Permissible methods of annualizing wages/income, using documentation submitted by the applicant and acceptable to the program include:

- ◇ Standard method – Multiplying 4 weeks of income by 13;
- ◇ Inconsistent income sources due to the "on-call" nature of the employment (e.g., substitute teacher, per diem nurses, etc.) – Multiply 13 weeks of income by 4; and
- ◇ On appeal basis – Calculating the average weekly gross income from documentation which spans a period of weeks greater than the most recent 4 continuous weeks and less than 52 to produce an annualized figure or multiplying the total of thirteen 13 weeks by 4.

Income calculations must, without exception, cover a consecutive 4 weeks period. However, a missing week in the middle of the 4 week period can be calculated by the following method if the paychecks have year-to-date figures:

Example One

Check Date	Gross Wages	Year-to-Date
11-04-06	$250	$1,250
11-11-06	$310	$
11-18-06	$250	$1,810
11-25-06	$250	$2,060

Example Two

Check Date	Gross Wages	Year-to-Date
11-04-06	$400	$1,250
11-11-06	$350	$1,600
11-18-06	$400	$
11-25-06	$350	$2,350

In ***Example One***, subtract the 11-04-06 YTD amount from the 11-18-06 YTD amount for the difference -- $560. The 11-18-06 YTD amount includes the current pay amount ($250), which is subtracted to calculate the pay amount for 11-11-06 ($310). That is ($560 - $250 = $310).

In ***Example Two***, $2,350 - $1,600 = $750. $750 - $350 = $400.

Worksheets

The procedures below must be followed for both the manual and computerized calculations:

- ◇ Income calculations must be clearly displayed on a standardized agency income calculation sheet or in a similar format on the database.
- ◇ The manual worksheet must be maintained with the application in the

client file. The computerized worksheet must be maintained on the database by applicant number and name.

- ◇ The income calculation worksheet, both manual and computerized versions, must also provide the comparison of monthly housing costs and income. If the monthly income is equal to or less than $200 over the housing costs, applicants must demonstrate how this basic living expense if being met by completing a No-Income/Low-Income Interview Form.
- ◇ The computerized worksheet must be easily accessible to CSU monitors and auditors through the software program's inquiry section or screen.
- ◇ The Comment Sheet must be utilized in cases where the calculations are not clear.

E. Self-Employment

It is the applicant's responsibility to provide workable documents. Applicants must organize their records in a format that can be used for calculation of business income, expenses, and, if necessary, losses.

Agencies are not required to put together profit/loss information from pieces of business records.

- ◇ Sole Proprietorship: A signed copy of the prior year's tax return (Form 1040) complete with copy of Schedule C ("Profit or Loss from Business or Profession"). If the business has employees, a certified copy of Form 941 (Quarterly Return) must also be provided.
- ◇ Partnership: A signed copy of the prior year's tax return (Form 1040) with Form 1065 ("Partners Share of Income, Credits, Deductions, etc."). Form 941 (Quarterly Return) should also be provided.
- ◇ Corporation: A signed copy of the prior year's return (Form 1120S "U. S. Income Tax Return for an S Corporation"), if the LIHEAP applicant is himself/herself the entire corporation; a signed copy of the prior year's Form 1040 with Form 1120 and Schedule K if the LIHEAP applicants is only a shareholder in the corporation. If the business has employees in either of the above situations, then a copy of Form 941 must also be provided.
- ◇ Real Estate Income: A signed copy of the prior year's tax return (Form 1040) with a Schedule E form.

Subgrantees may require additional supporting documentation such as business checkbook, accountant's records, business records, etc., to verify tax form amounts or for current income and expense items, particularly for those deductions permitted by LIHEAP.

Negative self-employment income is not to be subtracted from other household income but is counted as zero.

For any category, the above forms should be prepared or signed by a certified accountant or tax preparer. In cases of self-prepared taxes, Form 4506T is required to obtain the tax transcripts from the IRS.

If the above is not available, notarized copies of the required forms for any category can be substituted until certified tax forms are submitted.

Applicants who apply after January must provide copies of the most recent tax year documents. If applying before December 31st, the previous year's tax documents should be used.

In the absence of a completed 2006 tax form, in care of hardship, or when a business has been in existence for less than a calendar year, a notarized profit and loss statement for the last quarter (October – December) is acceptable after January 1st.

Subgrantees may choose to obtain an IRS certified tax form to further document self-employment income.

1. **Self Employment Deductions**

Earnings from self-employment are total gross income less out-of-pocket cash expenses that are reported on Schedule C. Expenses include certain costs that are directly related to the operation of the business and are necessary to maintain the business. The Worksheet for Self-Employment Income must be used for determining the eligibility of self-employed applicants.

For the LIHEAP Program, depreciation, travel, and entertainment are not allowable business deductions. Expenses for business use of applicant's home are not an allowable deduction (Line 30 from the Schedule C Form). Any business expense that seems excessive may require further documentation.

Allowable Self-Employment Business Expenses Include:

- ◇ Cost of goods sold and/or operations less any depreciation;
- ◇ Advertising;
- ◇ Bank service charge;
- ◇ Car and truck expenses;
- ◇ Commissions paid to employees;
- ◇ Depletion;
- ◇ Dues and publications;
- ◇ Employee benefit programs;
- ◇ Freight;

- Insurance for the business;
- Interest on business indebtedness;
- Laundry and cleaning;
- Legal and professional services;
- Office supplies and postage;
- Pension and profit sharing plans;
- Rent on business property in which business is conducted (if rented);
- Repairs;
- Supplies;
- Taxes in income of business (not owner);
- Utilities and telephone for business;
- Wages paid to employees except those paid to the head of the household or member of the household (verified by Form W-3);
- Mortgage payments for the business premises (if owner);
- Cost of license(s) needed to conduct business;
- Property taxes for business premises (if owned);
- Special utility needed to conduct the business (high voltage lines);
- Cost of generating new business; and
- Other expenses

The following are examples of reasonable deductions under expenses (Line 27 of the Schedule C Form):

DayCare:
Cleaning Service
Food
Continuing Education
Diapers and wipes
Naps and blanket supplies
Loss of parent fee
Arts and crafts
First aide supplies
Kids furniture, books, toys, holiday parties

Limousine Service/Cab Driver:
Care and truck expenses

Airport fees and tolls
Page Fee
Car washes
Fuel
Uniforms

Teacher:
Education (cost of generating new business)
License
Car and truck
Parking and tolls
Computer repair
Internet services
Printing

Construction:
Refunds
Tools
Rubbish removal

Real Estate – Schedule E:
Landscape costs
Painting and decorating
Plumbing and electrical

2. **Guidelines for Self Employment Forms Form 1040**

Verify that the name and address on the tax forms match the LIHEAP application.

Lines 7 – 21 All income sources (except self-employment) need to be documented. The appropriate schedule is noted and must accompany the Form 1040 unless the income is no longer available at the time of the application.

All 1040 forms must be signed.

If the 1040 forms is self-prepared, Form 4506T is required to obtain the transcript (Form 1722) from IRS. Forms can be downloaded from the IRS website at www.irs.gov. Applicants can also request their completed transcript by phone: 1-800-829-1040.

Agencies are encouraged to have a supply of Form 4506T for applicants.

Form 4506T

Form 4506T Request for Transcript of Tax Return is used by LIHEAP Subgrantees to obtain an applicant's Tax Return.

Lines 1 – 4: must be completed.

Line 5: Subgrantee name and address for transcript to be mailed to the agency.

Line 6 a and c: must be checked: a) provides the transcripts and c) shows any adjustments by the IRS.

Line 7: date is 12/31/06.

Applicant must sign and date the Form 4506T and name must match line 1.

Schedule C forms pg. 144/145

Form 1722

Form 1722 is the transcript returned by IRS showing Form 1040 and Schedule C figures with any corrections and/or additions by the IRS.

Schedule C Profit or Loss – This represents the business only and not the applicant's personal expenses

Line E: check to see if the home address is the same as the business address.

Line 16a, 20b, and 25: If there are deductions on these lines, an explanation of the percentage of the mortgage or utilities is necessary. If the utilities are the primary source of heat, payment must be only the percentage that is non-business. If a percentage of the home mortgage is deducted, a percentage of the home residence is considered business. Therefore, as stated before, only the percentage of the primary heat source for the residential portion of the home should be paid.

Line 7 (Gross Income): check with amount on 1040.

Line 9 (Car and Truck Expense): Part IV of schedule C (line 44) should be completed. If Part IV (line 44) is not completed, it is a Subgrantee's responsibility to collect evidence to support car/truck deductions from applicant. If no proof is provided by the applicant, car/truck deductions should not be allowed.

Line 10 (Commissions and Fees): An explanation of recipient and specific amount. If paid to household member, income must be counted.

Line 11 (Contract Labor): Check for household members.

Line 13 (Depreciation): Unallowable deduction.

Line 16a (Interest/Mortgage): Check if home mortgage.

Line 20B (Rent or Lease): Check if property address is different from home address.

Line 24A – d (Travel, Meals, and Entertainment): Unallowable deductions.

Line 25 (Utilities): The cost of utilities must be calculated based on business use of home. For example, if a client assigns 25% of his/her home for business use, it is reasonable to expect that not more than 25% of the total utility cost will be deducted as business expense

Line 26 (Wages): W-2s or W-3s are required. Check for household members.

Line 27 (Other): See Part V. The expenses listed can be taken for deductions. Any other expense listed that appears questionable/excessive, should be approved by CSU for a deduction.

3. **Self-Employment/Second Reviews and Business Equity Policy**

Second Review: A second review of all applications containing self-employed income is required by a separate certifier. Certification must not be delayed when a second review is pending. A second review will entail a review of the entire application and includes: review al all tax information, housing costs, wage, and other eligibility documentation. The application must be signed off/approved by a second reviewer before the end of the contract year. If, as a result of the second review, eligibility or benefit amounts have been affected, recoupment or adjustment of benefits must be made accordingly by the Subgrantee

a. **Gross Receipts/Sales In Excess of $250,000**

A review by an Executive Director or Fuel Director is required for an applicant with business gross receipts or sales in excess of $250,000 (Line 1 on Form 1040 Schedule C). If in excess of $250,000, the assessed value of the business is required. Acceptable documentation for the assessed value of the business may include: independent appraisal, market analysis, or self-declaration

This information must be kept within a client's file.

Additional documentation and/or a personal interview may be requested by the Subgrantee is necessary.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

WORKSHEET FOR SELF-EMPLOYMENT INCOME (SOLE PROPRIETORSHIP)

Applicant's Name: ______________________________ Application #: __________

Type of Business: ____________________ Company Name: ______________________________

Business Address: ____

Source of Information: ☐ Tax Form ☐ Other (Specify): ______

Period of Time Covered: Full Year Ending: _____/_____/_____ # of Months: _____

Beginning _____ Ending _____ # of Quarters: _____ Beginning _____ Ending _____

PART I: Income Schedule C Line

Gross receipts or sales*:	$
Cost of goods sold and/or operations:	$
Gross Income (total income less costs of goods sold):	$

PART II - Deductions: Allowable LIHEAP Expenses (Schedule C Items)

Advertising:		Other Expenses (must be prior approved):	
Car and truck expenses			
Commission and fees		**Additional LIHEAP Deductions**	
Commissions (paid to employees)[1]		Cost of generating new business:	
Contract Labor		Dues and publications:	
Depletion		Mortgage payments for business:	
Employment Benefit Programs[2]		Freight:	
Insurance (for businesses only):		Laundry and cleaning (for business):	
Interest		Cost of Licenses:	
a. Mortgage (paid to mortgage holder):		Special utilities (e.g., high voltage)	
b. Other (specify):			
Legal and professional services:		**Total Allowable Expenses:**	
Office expenses:			
Pensions and Profit Sharing (for employees)[3]		LIHEAP Income Computations:	
Rent or Lease			
a. Vehicles, machinery, and equipment:		Line 7 – Gross Income from Schedule C:	
b. Other business property:		Less Total Allowable Expenses:	
Repairs and Maintenance:		**Net Self-Employment Income:**	
Supplies:			
Taxes and Licenses (business property, including business property tax):			
Utilities and Telephone (business use only):			
Wages Paid to Employees (for adult member of household)[4]			

Note: Non-Allowable IRS Schedule C Deductions are: Depreciation, Travel, Meals, and Entertainment; and Expenses for Business Use of Applicant's Home. If the tax forms are self-prepared, applicants should submit IRS Form 4506-T to IRS to obtain Form 1722, a transcript of the 1040 from and Schedule C with any corrections and/or additions by the IRS as a substitute for a certified form. Deductions are not allowed for depreciation or for an office at home, as they do not represent an out-of-pocket expense. Obtain business equity (value of the business) information from clients with gross revenue/receipts of $250,000 or more.

[1] Owner and adult members of households excluded.

[2] Owner and adult members of households excluded.

[3] Owner and adult members of households excluded.

[4] Must attach latest copies of IRS Form 941 and W-3. For all others, provide copies of W-2.

F. **Unemployment Benefits**

Acceptable documentation of unemployment benefits must indicate the client's name or social security number, amount of benefits (including dependent allowances) and, if applicable, the date benefits began and where terminated.

Acceptable documents include:

- ◇ Division of Unemployment Assistance (DUA) check stub;
- ◇ An official signed statement from DUA; and
- ◇ DUA printout, which includes wage information.

Exclusions

- ◇ Weekly incentive and training allowances from the Division of Career Services/Unemployment Assistance (DCS/DUA).
- ◇ Salaries from public service employment under DCS/DUA.
- ◇ Payments received under JTPA Youth Employment Programs.

G. **Fixed Income Sources**

Fixed income sources include, but are not limited to:

- ◇ Social Security Benefits (before Medicare Premium deduction) (SSA);
- ◇ Supplemental Security Income (SSI);
- ◇ Emergency Aid to Elderly, Disabled and Children (EAEDC);
- ◇ Temporary Assistance to Families with Dependent Children (TAFDC);
- ◇ Veteran's Benefits; and
- ◇ Retirement/Pension Income.

H. **Acceptable forms of fixed income documents must indicate:**

- ◇ Client's name and social security number; and
- ◇ Gross amount of benefits.

Acceptable forms of fixed income documents are:

- ◇ A copy of current benefit check (SSA, SSI, EAEDC, TAFDC only);
- ◇ A copy of a benefit check stub (retirement/pension, veteran's benefits);
- ◇ An official statement of benefits or computer printout may also be utilized to document earned income by the assistance unit;

- ◊ A letter from income sources;
- ◊ Bank Statements showing direct deposit of SSA, SSI, EAEDC, TAFDC (other deposits or income from other sources on bank statements must be explained/documented);
- ◊ Subgrantee prepared form completed by income source; or
  - ◊ IRS Form 1099.

1. <u>Fixed Income Documentation by Income Type</u>

a. <u>Social Security (SSA) and Supplemental Security Income (SSI)</u>

SSA and SSI checks are acceptable forms of documentation because they identify the client's address and Social Security Number.

b. <u>Emergency Aid to the Elderly, Disabled, and Children (EAEDC)</u>

c. <u>Temporary Assistance to Needy Families (TANF)</u>

Welfare verification, mailed at the end of the summer, may be accepted until December 31st.

If there is a difference between a TANF check amount and the standard grant amount, the reason must be noted on the Comment Sheet. No further documentation is required.

Food Stamp printouts from the Department of Transitional Assistance (DTA) may be utilized to document income from other sources.

The income for TANF households with employment income may be calculated by multiplying the maximum monthly grant by 12 providing that the following remains true:

- ◊ All household members are part of the TANF assistance unit including those excluded children who were born after the Welfare Reform Act; and
- ◊ All housing and other eligibility criteria have been determined.

EAEDC PAYMENT STANDARDS

UNIT SIZE	NO RENT ALLOWANCE	ANNUALIZED	WITH RENT ALLOWANCE	ANNUALIZED
1	$303.70	$3,644.40	$338.70	$4,064.40
2	$395.10	$4,741.20	$430.10	$5,161.20
3	$486.60	$5,839.20	$521.60	$6,259.20
4	$578.20	$6,938.40	$613.20	$7,358.40
5	$669.80	$8,037.60	$7004.80	$8,457.60
6	$761.10	$9,133.20	$796.10	$9,553.20
INCREMENTAL	$ 91.60	$1,099.20	$ 91.60	$1,099.20

TANF TABLE OF PAYMENT STANDARDS EXEMPT ASSISTANCE UNITS

Unit Size	Not Eligible for the Rental Allowance	Annualized	Are Eligible for the Rent Allowance	Annualized
1	$ 388	$ 4,656	$ 428	$ 5,136
2	$ 491	$ 5,892	$ 531	$ 6,372
3	$ 593	$ 7,116	$ 633	$ 7,596
4	$ 691	$ 8,292	$ 731	$ 8,772
5	$ 792	$ 9,504	$ 832	$ 9,984
6	$ 896	$10,752	$ 936	$11,232
7	$ 997	$11,964	$1,037	$12,444
8	$1,097	$13,164	$1,137	$13,644
9	$1,197	$14,364	$1,237	$14,844
10	$1,298	$15,576	$1,338	$16,056
Incremental	$ 105	$	$ 105	$

TANF TABLE OF PAYMENT STANDARDS
NONEXEMPT ASSISTANCE UNITS

Unit Size	Not Eligible for the Rental Allowance	Annualized	Are Eligible for the Rent Allowance	Annualized
1	$ 378	$ 4,536	$ 418	$ 5,016
2	$ 478	$ 5,763	$ 518	$ 6,216
3	$ 578	$ 6,936	$ 618	$ 7,416
4	$ 673	$ 8076	$ 713	$ 8,556
5	$ 772	$ 9,264	$ 812	$ 9,744
6	$ 872	$10,464	$ 912	$11,944
7	$ 971	$11,652	$1,011	$12,132
8	$1,067	$12,804	$1,107	$13,284
9	$1,165	$13,980	$1,205	$14,460
10	$1,263	$15,156	$1,303	$15,636
Incremental	$ 103	$	$ 103	$

d. Veteran's Benefits/Retirement/Pension Income

Documentation of Veteran's Benefits and Retirement/Pension Income must have the current cost of living adjustment.

2. Use of Documentation from Previous Years

Certain types of income documentation may be utilized from year-to-year due to their fixed nature. The following types of income documentation may be transferred from the prior year's program files provided there is no change in household status:

◇ Social Security and SSI documentation, with applicable cost of Living Adjustments (COLA) added. (Social Security and SSI documentation must be updated after 5 program years.)

The following COLAS apply for SSA/SSI:

January 2002, 2.6% increase	Medicare	$54.00
January 2003, 1.4% increase	Medicare	$58.70
January 2004, 2.1% increase	Medicare	$66.60
January 2005, 2.7% increase	Medicare	$78.20
January 2006, 4.1% increase	Medicare	$88.50
January 2007, 3.3% increase	Medicare	$93.50

◇ Veteran's benefits documentation, with applicable COLA added.

◇ Due to continuous file format, income worksheets can be used in instances where the COLA has already been factored in and updated.

3. Fixed Income Exclusions

◇ Payments under the Nutrition Program for the Elderly (title VII of the Older American's Act of 1965).

◇ Payments to, or reimbursement given to, volunteers serving as Foster Grandparents, Green Thumb volunteers, Elder Service Corps Volunteers, Senior Aides or Companions, or those serving in the Service Corps of Retired Executives, AmeriCorp/VISTA, or in any other program established under the Domestic Service Act of 1973.

◇ Payments received from program funded under Title V of the Older Americans Act of 1965 and subsequent amendments.

◇ Reverse Mortgages (money received from a loan secured by the equity in the home of an individual who is aged 60 or over [so-called Reverse Mortgage]).

- ◇ Incentive payments of $30 per week or less received under a vocational rehabilitation program of the Massachusetts Rehabilitation Commission.

- ◇ The Veteran's Educational Aid and Attendant Care payments.

- ◇ One-time death benefit from Social Security Administration (SSA).

- ◇ Plans for Achieving Self-Support (PASS) under SSI (administered by the Social Security Administration). Social Security Administration (SSA) applicants must provide a Grant Notice which specifies "Social Security in the amount of $____ is not counted as income because (Applicant Name) is applying this income towards his/her plan for achieving self-support".

- ◇ Payments to Nursing home using spouse's Social Security benefits (written verification from the nursing home is required).

4. **Calculations of Fixed Income Sources**

- ◇ Fixed incomes received monthly (e.g. Social Security, SSI, pensions, etc.) are multiplied by 12.

- ◇ Pro-rating fixed income sources to reflect Cost of Living Adjustments.

- ◇ Calculation of Social Security Benefits:

  The gross benefit including the Medicare amount, where applicable, is multiplied by the COLA to obtain the following year's benefit.

  Example of FY 2007 Recertification Application:

  Recertification application received in September of 2006 and on file is the September 2005 award letter showing a gross benefit of $578.20.

  To determine the 2007 benefit, multiply by 1.041 (COLA for 2006) = 2006 benefit $601.91, rounded to $602.

  To determine the gross benefit from a previous year's document, the applicable COLA(s) must apply:

  When using a 2004 gross Social Security document, add COLAs for 2005 and 2006 by multiplying by 1.027 and 1.041 percents.

  To determine actual income pro-rated amounts can be applied.

  Based on September 2006 recertification date, Social Security income can be pro-rated as follows:

  Derived benefits represent the actual annual gross income. If a household applied on September 3, 2006, the income can be determined using eight months of 2006 benefits and our months of 2005 benefits.

Example:

The gross benefit in 2006 was $588.50. The COLA for 2005 was 2.7%. The $588.50 is divided by 1.041 (2006 COLA) = $565. The $565 is multiplied by 4 months of 2005 benefits = $2,260 and $588 is multiplied by 8 months of 2006 benefits = $4,704.

The total of the 12 months would be $6,964 or actual annual income.

I. Odd Jobs

Applicants who perform miscellaneous odd jobs such a mowing lawns, raking leaves, babysitting, shoveling snow, and the like as their means of support must document this type of employment by providing a signed and notarized "Income From Odd Jobs/Notarized Income Statement". This statement includes a listing of jobs performed, names and addresses of persons for whom work has been done, and all payments received. Subgrantees should require these applicants to provide checking, savings, or other bank records or bank books to verify the applicant's claim of income. A "Low Income/No Income Form" should be completed, when applicable.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

INCOME FROM ODD JOBS/NOTARIZED INCOME STATEMENT

Applicant's Name: ______________________________

Application #: ______________________________

I, ______________________, certify under the penalties of perjury that the following is a true and complete accounting of my income from odd jobs for the period from: ___/___/___ to ___/___/___. I further understand that (AGENCY NAME) may request, at any time, a copy of my income tax return to verify my income. At that time, I will be held liable if I have misstated or understated my income in any way.

Name and Address of Person for Whom Work Was Performed	Job(s) Performed	Date of Work	Gross Payment Received

Applicant's Signature: ______________________ Date: __________

Notary Signature: ______________________ Date: __________

Commission Expires On: ___/___/___

J. **Workmen's Compensation**

Eligible documentation includes:

- ◇ A copy of the check indicating gross benefit, date of loss of employment, and receipt of benefits.

- ◇ A statement from the employer, insurance agency, attorney of record or union office showing gross benefit, frequency of benefit, effective date of payment, or lump sum payments.

K. **Alimony and Child Support**

Eligible documentation includes:

Documentation of alimony and child support must indicate the amount and frequency of support payments.

- ◇ Copies of canceled alimony/support checks from source;

- ◇ Court order or most recent amendment;

- ◇ A letter from the attorney of record or legal agency representing the applicant;

- ◇ Notarized letter from support source

- ◇ Mortgage/rent paid in lieu of, or in addition to alimony/child support is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments if required; or,

- ◇ Department of Revenue payment history.

L. **Interest Income**

The first $100 of interest earned in the 12 month period proceeding the application date may be deducted from the calculation of income. Interest above $100 must be documented for a minimum of 1 month and up to 1 year preceding the date of application.

Source documents include:

- ◇ A bank statement;

- ◇ A letter from the bank signed and dated by an authorized representative; or

- ◇ A copy of the most recent IRS Form 1099 or Schedule B.

Exclusions:

The first $100 of interest earned in the 12 months.

Example 1
Client's annual interest = $500
LIHEAP Income = $500 - $100 = $400

Example 2
Client's annual interest income = $95
LIHEAP income = $0

M. Dividends

Documentation of dividend income must include applicant name and/or social security number, amount, and frequency of dividend.

Source documents include:

- ◇ Copy of dividend check;
- ◇ Copy of yearly statement;
- ◇ A letter from dividend source; or,
- ◇ Copy of IRS Form 1099 or Schedule B

N. Lump Sum

Lump sum income is countable if received within the 12 month period prior to the application date. Receipts from a specific lump sum are only counted once.

- ◇ Stocks/Bonds – The initial investment that results in a capital gain is NOT counted as income;
- ◇ Capital Gains – that result from other investments (e.g., sale of house/property);
- ◇ Royalties;
- ◇ Inheritances;
- ◇ Insurance payments, excluding life insurance payments and third party payments. Third party payments are defined as, payments issues to any entity other than the household. For example, hospital, attorney, etc.;
- ◇ One time alimony or child support (paid in lump sum in lieu of monthly payments);
- ◇ Pensions/retirements funds/IRA withdrawal (only applies to people who are 59 ½ years or elder); and
- ◇ Lottery winnings – For amounts over $600 official lottery documentation should be obtained. This can include a signed and dated statement from contest sponsor or lottery; commission indicating the gross amount of winnings or a current state income tax return. A self-declaration under $600 is allowable.

- ◇ Social Security lump sum received during the previous 12 months must be counted as income only once and cannot be annualized.

Supporting documentation required for the above items may include:

- ◇ Investment/bank statements;
- ◇ Tax documents; and
- ◇ Legal or other official documents (e.g., will, deed, court ordered documents, etc.)

O. Rental Income

1. Acceptable documents for rental income:

- ◇ Copies of cancelled rent checks from all tenants;
- ◇ Written statements for tenants, signed and dated; and
- ◇ Copy of IRS Form Schedule E

2. Acceptable Documents for Deductions:

- ◇ Property tax bills;
- ◇ Homeowner's insurance policies or bills;
- ◇ Mortgage interest statements;
- ◇ Water and sewer bills; or
- ◇ Form 1040 and Schedule E

3. Rental Income Exclusions

Deductions from gross rental income are permitted for applicants who own rental property. For purposes of LIHEAP, these properties must be residential and multi-family homes. A copy of the prior year's Form 1040 with Schedule E is required if taxes are filed. If the tax form is self-prepared, a 4506T form is required.

The amounts reported on Schedule E represent the rented apartment(s) expenses.

Depreciation is not an allowable rental income expense.

From Schedule E, the following are allowable rental income expenses:

- ◇ Advertising;
- ◇ Auto and travel;

- Cleaning/maintenance;
- Commissions paid to others;
- Insurance;
- Legal/other professional fees;
- Management fees;
- Mortgage interest;
- Other interest;
- Repairs;
- Supplies;
- Taxes;
- Utilities (includes water/sewer); and
- Other (must be documented)/

If the household does not file a Schedule E, all deductions as described in Section E are allowable and the applicant must complete a "Rental Income Worksheet". Only the allowable deductions from the occupied rental units can be deducted. All deductions must be documented.

Documentation representing one billing quarter is acceptable. Copies of rental documents must be maintained on file with the application by the Subgrantee.

The landlord's unit expenses cannot be deducted. For example, an applicant owns and resides in one apartment of a 2 family house. The owner derives rental income from the second apartment. Since 1/2 of the building is rent producing, 1/2 of the total amount of the property expenses may be deducted from the amount of gross rental income. It is not necessary to calculate rental income deductions if maximum eligibility has been established from documented gross rental income.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

RENTAL INCOME WORKSHEET

Applicant's Name: ______________________________ **Application Number:** _______

Address: ____

TENANT	FLOOR #	$ RENT	# OF MONTHS

Calculations (Calculate Amount)

A. Gross Rent Receipts:

$__________ per month x 12 = $ ______________ (gross receipts) or
$__________ per week x 52 = $ ______________ (gross receipts)

B. Deductions (Annual Deductions):

Advertising:		Repairs:	
Auto and travel:		Supplies:	
Cleaning and maintenance:		Taxes:	
Commissions:		Utilities:	
Insurance:		- Oil, Electric, and Gas	
Legal/professional fees:		- Water and Sewer	
Management fees:		Other (Specify):	
Mortgage Interest:			
Other Interest:			

Total Expenses:		x (.) ** =	
Allowable Deductions:			
Gross Receipts (A):			
Less Deductions (B):			

Net Rental Income:	

** *Multiply the total expenses by the decimal corresponding to the # of apartments in the building, including owner's.* Two Family = (0.50) Three Family = (0.67) Four Family = (0.75) Five Family = (0.80). In the case of non-owner occupied rental property, the total expenses must be multiplied by (1.00).

O. Zero Income

A situation where an individual member of a household or an entire household has no income, defined by this Guidance.

Guidelines for Entire Household that Claims Zero Income

Required Documentation for Households Claiming Zero Income

Specific documents and/or forms are required for every household that reports no income including:

1. **"Statement of No Income"** completed and signed by every member over 18.

2. **"Low Income/No Income Interview Form"** completed by the head of household.

   The "Low Income/No Income Interview Form" should clearly show how the household is coping with the lack of income and therefore indicate the appropriate documentation needed for each household. Proof of resources or the lack of such, paid or unpaid bills or proof of financial assistance should follow the information on the form.

   It must be used when income exceeds expenses by $200 or less a month. Supporting documents are required, such as overdue bills, proof of pending benefits, bank statements, etc.

3. **Proof of current status of primary bills such as:**

   - Heating bill;
   - Mortgage statement or tenant/landlord form sent to Landlord;
   - Electric bill; and
   - Telephone bill

   If all bills are current and no resources are indicated and documented by the household, the application is considered incomplete.

4. **A Wage Match request** must be submitted to DHCD for all members over 18 in instances when an entire household claims zero income.

Three General Categories of Zero Income Households:

i. **Households with adequate resources to cover basic expenses**

   Possible acceptable documentation that would reflect how the household is meeting basic expenses includes:

- ◇ Copy of checking, savings, or money market accounts to show withdrawals;
- ◇ Bank withdrawals are not considered income, but are used to demonstrate how households meet basic expenses;
- ◇ Copy of any early withdrawal of retirement plans such as IRAs, 401ks, or 403Bs;
- ◇ Copy of credit card statement
- ◇ Copy of 1040 tax form for tax refund

2. **<u>Households receiving financial assistance from another source outside the household</u>**

Acceptable documentation that would reflect how the household is meeting basic expenses through assistance from outside sources include:

- ◇ "Financial Assistance Statement" form completed by individual donor.

  - All items must be completed.

  - The form is the only acceptable document (no letters from individual donors).

  - Must be notarized.

- ◇ Proof of actual assistance (check or money order, deposit in checking account) may be requested if the source of income for the donor or the amount given is questionable.
- ◇ Letters from organizations are acceptable.

3. **<u>Households with no apparent resources</u>**

Acceptable documentation that would reflect how the household is meeting basic expenses with no apparent resources include:

- ◇ Proof of non recipient of public benefits:
  - TANF
  - SSA/SSI
  - Unemployment benefits
  - Bills showing past due amounts (must include primary heat, rent/mortgage, electricity)

Third party verifications – agencies should obtain third party verifications for applicants reporting no income. Examples of third party verifications include documentation from the Department of Revenue (i.e., wage match), Department of Transitional Assistance, Social Security, etc.

Guidelines for Individual(s) Claiming Zero Income Within a Household

A wage match request is required for any individual in a household who claims no income in two sequential program years. If the individual is a documented student in the current program year, a wage match is not required.

"No Income" (any adult household members)

Any household member 18 years of age or older claiming no income status is required to sign a "Statement of No Income".

Financial Assistance to an Individual or Entire Household Claiming Zero Income

Financial assistance from family and friends and/or others to any member of an applicant household will be considered income if such support has been in effect for more than 30 days.

Individual Donors

Financial assistance from family and friends and others must be documented in cases where it is necessary to meet basic living expenses. The "Financial Assistance Statement" form must be completed by the support source and attached to the applicant file. All information on all lines of the form must be complete. Letters cannot substitute for the form.

Assistance from Organizations

Financial assistance from any organization, whether a one time grant or ongoing support, must be documented by a letter on letterhead from the organization specifying the amount given and the duration of the support and is counted as income. Examples are the utility allowance given in cash to the household or rental assistance provided by any agency or community organization.

NOTE:
If a client claims "No Income" status and/or has received family/friend support for more than one program year, the client shall be required to complete the current year application and the "Low Income/No Income" interview form in the presence of an intake workers. A denial may be issued if a Subgrantee has reasonable doubt as to the veracity of an applicant's claim of continued support.

Exclusions

Short Term loans (less than 30 days).

- ◊ A loan verified by written document;
- ◊ Signed by the borrower and lender;
- ◊ Expresses the borrower's intent to repay and the conditions of repayment; or

◇ The terms specify the purpose of the loan and preclude its use to meet current living costs.

Agencies must use DHCD's new "Wage Reporting Data Collection" Form for all wage match requests.

Wage Match Request Process

Agency contact person will send a completed Wage Match form containing each applicant's name, social security number, and application date via U. S. Mail to the Appeals Officer of CSU.

Facsimile and Electronic Transmissions are not Allowed

CSU conducts the External Wage Match with the Massachusetts Department of Revenue (MDOR).

Results are anticipated within 3 weeks of the request. Upon receipt of results, the agency will receive correspondence that lists reportable wages or status "No Match". No match indicates that the applicant did not earn reportable wages in Massachusetts.

NOTE:
The Wage Match process contains confidential and sensitive information. Please do not fax Social Security Number to DSU. Please contact CSU's Appeals Officer for further information.

(AGENCY LOGO)

Low Income Home Energy Assistance Program (LIHEAP)

NO MORTGAGE AND/OR NO HOMEOWNER'S INSURANCE STATEMENT

(For homeowner clients with no mortgage and no homeowner's insurance costs)

Client Name: ______________________________

Application #: ______________________________

Date: ______________________________

I certify that I own my home and no longer have a mortgage (principal and interests) payment. My housing costs are as follows:

☐ **MORTGAGE (PRINCIPAL AND INTERESTS):** $__________

☐ **HOMEOWNER'S INSURANCE POLICY:** $__________

☐ **REAL ESTATE (MUNICIPAL TAXES):** $__________

☐ **CONDO FEES (IF APPLICABLE):** $__________

☐ **MOBILE HOME PARK FEES (IF APPLICABLE):** $__________

☐ **OTHER:** $__________

TOTAL HOUSING COSTS: $__________

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true, and that there is no understatement or misstatement of income or any other information. I understand that I will be liable for prosecution if I receive any benefits as a result of fraudulent statement in my application.

Applicant's Name: ______________________________ Date: __________
(print name)

Applicants Signature: ______________________________ Date: __________

Interviewer Signature: ______________________________ Date: __________

(AGENCY LOGO)
Low Income Home Energy Assistance Program (LIHEAP)

LOW-INCOME/NO INCOME INTERVIEW FORM

(For cases of "no income" or when monthly income is equal to or less than $200.00 of housing costs).

Client Name: ______________________________
Application #: ______________________________
Date: ______________________________

Number and relationship of other household members:

____

____

If you have little or no income, please explain further how you meet your basic living expenses such as food, rent, utilities, clothing, personal care, medical, etc.:

____

____

Do you have any overdue bills or collection notices? ______ ***YES*** ______ ***No***
Please provide Copies of Bills.

Rent: ______ ***Mortgage:*** ______ ***Electric:*** ______ ***Gas:*** ______
Medical: ______ ***Charge Accounts:*** ______ ***Cable TV:*** ______ ***Phone:*** ______
Other: ______________________________

Have you made any withdrawals from your bank and or support from others to help meet your living expenses? ______ ***YES*** ______ ***NO***

Please submit copies of bank statements, which show amounts and dates received, and/or Financial Assistance Statement form.
Bank Withdrawals: ___________
Support from Others: ___________

How do you obtain food?
Food Stamps: ___________ Other (explain): ___________
How do you pay car expenses and/or transportation (gas, registration, insurance)?

____

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true, and that there is no understatement or misstatement of income or any other information. I understand that I will be liable for prosecution if I receive any benefits as a result of fraudulent statement in my application.

Applicant's Name: ______________________________ Date: ___________
(print name)
Applicants Signature: ______________________________ Date: ___________

Interviewer Signature: ______________________________ Date: ___________

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

STATEMENT OF NO INCOME

Application #: ____________________

I, ____, certify that I have received no income during the last thirty (30) days or from ____________________ to ____________________. I authorize (AGENCY NAME) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received, and to criminal prosecution.

________________________________ ______________ ______________

Signature Social Security # Date

I, ____, certify that I have received no income during the last thirty (30) days or from ____________________ to ____________________. I authorize (AGENCY NAME) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received, and to criminal prosecution.

________________________________ ______________ ______________

Signature Social Security # Date

I, ____, certify that I have received no income during the last thirty (30) days or from ____________________ to ____________________. I authorize (AGENCY NAME) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received, and to criminal prosecution.

________________________________ ______________ ______________

Signature Social Security # Date

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

FINANCIAL ASSISTANCE STATEMENT

Applicant: ______________________________

Application # ______________________________

To Be Completed By the Person Giving the Assistance

Please be informed that I, ______________________________
*(Printed name of person **GIVING** assistance)*

Certify under the penalties of perjury that the following is a true and complete account of the financial assistance I gave ______________________________
*(Printed name of person **RECEIVING** assistance).*

I gave him/her $____________ per: ______ week ______ month (check one)

This financial assistance began: ___/___/___ and will continue until ___/___/___.

If the assistance is not continuous, the amount (s) given from ___/___/___ to ___/___/___ was $____________, and it was given ___/___/___(Date(s).

My relationship to the applicant is: ______________________________

My address is: ______________________________

My home telephone number is: ______________________________

My work telephone number is: ______________________________

I further understand that (AGENCY NAME) may request additional information to verify my income. At that time, I will be held liable if I have misstated or understated the assistance in any way.

THIS STATEMENT MUST BE NOTARIZED.

Signature: ______________________________ Date: __________
(Person giving the assistance)

Notary: ______________________________

Witnessed this __________ day of __________, __________.

Notary Signature: ______________________________

Notary Signature: ______________________________

DHCD/CSU Log # (for internal CSU use)

WAGE REPORTING DATA COLLECTION FORM

Agency: **Requested By:** **Date:**

Applicant Name	Social Security Number (Requested by DOR as xxx-xxx-xxx)	Application Date	Wages from DOR - by quarter (For internal CSU use)			

First Quarter: January, February, March
Second Quarter: April, May, June
Third Quarter: July, August, September
Fourth Quarter: October, November, December

Q. Other Income Sources

Documentation for the following categories are acceptable:

a. Cash Prizes and Lottery Winnings

- ◇ A signed and dated statement from contest sponsor or lottery commission indicating the gross amount of winnings; or,
- ◇ A current state income tax return.

If the winning is under $600, a self-declaration is allowable.

b. Estate or Trust Income

- ◇ A copy of pertinent legal documentation or written notification from a bank or legal authority specifying the amounts and terms of income.

c. Annuities

- ◇ Copy of IRS Form 1099
- ◇ Official statement from annuity source

d. IRA – Individual Retirement Accounts

Withdrawals from an IRA such as 401K, 403B, Roth IRA, are considered income. The exception is early withdrawal for those individuals under 59 ½ year of age; these withdrawals will not be considered income.

NOTE:
If unsure how to document or calculate any income sources, please contact CSU for technical assistance.

R. Students

Students, who live away from home for the school year to attend classes and are listed as dependents on their parents' income tax return, must be counted as members of the applicant household. Proof of enrollment is required in these cases. Zero-income statements are not required for full-time students.

Students who apply for LIHEAP benefits must demonstrate that they are full self-supporting and independent from their parents. Subgrantees may request the student applicant to submit his/her financial aid statement, the current Guaranteed Student Loan Needs Test, copies of the most recent tax return filed by the applicant, summer employment records, or bank statements.

a. **Student Exclusions**

- Any grant or scholarship to a student, the terms of which prevents preclude its use to meet current living costs.
- Any grant or loan to an undergraduate student for education purposes made or insured under any program administered by the U.S. Secretary of Education.
- Social Security (RSDI) Children's insurance benefits paid to persons 18 through 21 year of age who are full time students.
- Work study income for undergraduate students under a federally assisted work-study program.

b. **Student Exclusions – Documents**

All grants or loans to students that are to be excluded must be verified by written documentation from the source of the grant/loan from the school itself.

S. General Category of Income Exclusions

- The earned income of a child who is under 18 years of age, not the head of household, does not have dependents, and is employed part time (less than 30 hours a week).
- The earned income of a child who is 18 years of age or older, not the head of household, a full time or part time student, and is employed part time (less than 30 hours a week).
- The cash value (face amount) of food stamps.
- The cash value of USDAS donated food stamps or surplus commodities.
- The value of assistance received under the Child Nutrition Act of 1966 and the National School Act.
- Experimental Housing Allowance Program payments made under contracts entered into prior to 1975.
- Funds distributed to or held in trust for members of any Indian tribe pursuant to a judgment of the Indian Claims Commission.
- The tax exempt portions of payments made under the Alaska Native Claims Settlement Act.
- Relocation payments.
- Incentive payments to participants in the National Health Insurance Study and the Case Management Demonstration Program.

- ◊ Income received under the Department of Social Services or Department of Mental Retardation, Foster Care or Guardianship Program for children or adults (the children or adults shall not be counted or listed as household members). Foster Care income must be verified by either a written statement from the foster care agency or a computerized printout. The exception to this rule is when a child is legally adopted. In these instances, the child and associated income are counted as part of the household income.

- ◊ Personal gifts.

- ◊ Restitution to victims under Public Law 103-286

- ◊ Checking/Savings account withdrawals (including Certificates of Deposit).

- ◊ Tax Refunds and Earned Income Credits.

- ◊ Proceeds from surrendering the cash value of a life insurance policy:

    - Life insurance payments;

    - Third party insurance payments;

    - Cancelled debt;

    - Proceeds from a loan

- ◊ Non-taxable company paid benefits/contributions.

- ◊ IRA early withdrawals – under age 59 ½.

- ◊ Reimbursement for mileage.

- ◊ Checking/Saving account and/or CD withdrawals

    - Proceeds from surrendering the cash value of a life insurance policy

    - Life insurance payments

    - Cancelled debt

    - Proceeds from a loan

    - Third party insurance payments

◊ Proceeds from a loan, i.e., refinance of home

V. APPLICATION CERTIFICATION

In the determination of eligibility, applications must be reviewed for completeness, accuracy, and consistency. Attached documentation must support the information provided on the application. Reasonable explanations of any inconsistencies must be noted on the Comment Sheet, and initialed and dated by the certifier or electronically recorded with date and certifier's initials.

When substantive questions arise regarding eligibility, or the completeness or accuracy of the information provided, additional information must be required of the applicants. An example of this type of situation would be an application from a household reporting living expenses greater than gross income and said expenses are current. Further explanation of how this household meets these bills is required (as well as a Low Income/No Income Interview Form).

If the documentation provided by a household indicates the presence of other income or additional household members, Subgrantees must request additional information to reconcile the difference.

Complete applications received in the mail may be sent directly to a certifier for eligibility determination. It is not necessary for these applications to be reviewed by an intake worker.

The certifier must sign and date the application at the time of certification.

The Subgrantee has 45 working days from application completion date or November 1st (whichever is later) to certify an application. **All applications must be certified by the last workday in May.**

1. **Comment Sheet**

   The use of the Comment Sheet is mandatory. These notes may be written on the application folder or on a sheet attached to the folder or stored electronically. The notes must be easily accessible and be carried over to the next program year. Notes are required for any significant communication with a client and must be dated and initialed. The notes are a critical component of the application process and provide reference in situations where an explanation is required by directors, auditors, and DCS/CSU staff.

   "Post It" notes are not allowable as a substitute for the Comment Sheet.

2. **Benefits**

   Benefits are assigned to clients by comparing LIHEAP calculated income to the income eligibility chart, taking into account family size and housing situations. Benefit levels must be noted on the front of the application in the appropriate box and on the appropriate screen in the computer system.

3. <u>Single Certification Process</u>

LIHEAP Subgrantees are required to coordinate fuel assistance with the Weatherization Assistance Program (WAP) and the Heating System Repair and Replacement Program (HEARTWAP). This will produce "one-stop" energy services for low-income households. Subgrantees are not allowed to charge WAP or HEARTWAP Subgrantees for basic LIHEAP client information.

The LIHEAP application and certification of eligibility will constitute an application for all 3 energy programs. Neither WAP nor HEARTWAP will be required to obtain additional income documentation unless a field visit or home audit uncovers details that require additional information. The LIHEAP operator will transfer a copy(s) of the face of the application form, with appropriate sections completed, to the WAP/HEARTWAP operators under a transfer schedule approved by all parties. In emergency or no heat situations, the LIHEAP Subgrantee must make every effort to secure a complete application from the applicant as quickly as possible.

The following differences in LIHEAP and WAP eligibility are to be considered by LIHEAP certification personnel when determining the eligibility of applicants:

- Any household with a member that has received TANF or SSI benefits within the twelve (12) months preceding the application date is categorically eligible for WAP.
- Households in subsidized housing where the cost of heat is included in rent are eligible under WAP guidelines.
- Separate Economic Unit status is not allowed under WAP.

Each Subgrantee must provide a WAP priority ranked client list to the appropriate WAP provider in their service area.

If no LIHEAP certification staff is available, the WAP/HEARTWAP operator may be responsible for eligibility determination. Guidance for the development of "Memoranda of Understanding between Separate Agencies" is available upon request from DCS/CSU.

The agency certifying the eligibility of the single application bears the responsibility to insure that the client falls within prescribed income standards. The LIHEAP operator bears the responsibility for any client falsely determined eligible due to an income calculation error. WAP operators are subsequently held harmless in these situations. The LIHEAP operator will not be responsible for those clients determined eligible due to fraudulent information provided by the client during the intake process. In these instances, both the LIHEAP and WAP operators are held harmless. Both operators should proceed with legal action for benefits received through their respective programs

If upon inspection of the premises, it appears that the information provided on the application or accompanying documentation appears fraudulent or incorrect, WAP and/or HEARTWAP Subgrantees and their staff have the right to request further information. In these cases, the application is to be reviewed and re-determined by the LIHEAP operator/staff.

Appeals will be handled by the LIHEAP staff on any aspect of the application or determination of eligibility process under their review.

VI. HOUSEHOLD CHANGES

A. Changes in Household Residence

A household may file only one LIHEAP application during the program year. Clients who move into a new service area are required to complete and sign the "new" agency's application in order to transfer eligibility and benefit information from the former agency. The "Applicant Transfer Letter" must be added to the file at the new agency. The applicant must provide updated documentation of the new application if it is more than sixty (60) days from the original application date.

1. Move to Another Service Area During the Program Year

◇ The "Fuel Program Applicant Transfer Letter" should be completed (see above).

◇ The original application file and all accompanying documentation, including a payment history or the current program year must be forwarded to the new Subgrantee.

◇ Clients in this situation may receive the remainder of their LIHEAP benefits at their new residence. The original Subgrantee should make every effort to pay bills incurred in their service area. ***Payments cannot exceed the client's benefit level.*** The new Subgrantee may require that the clients complete and sign its own application form as part of the transfer.

◇ If bills were not paid, a household with an arrearage from their previous address must provide the new Subgrantee with bills from that address. Payment of these bills must be made in accordance with conventional program practice (arrearage policy, vendor agreement, etc.).

2. Move Prior to Application for New Program Year

◇ An eligible households that presents a heating bill from a previous address within the same service area will receive payment in accordance with current program payment procedures. A household may not be denied benefits due to a change of address.

3. **Move to Subsidized Housing with Heat Included in Rent After Partial Benefits were Paid.**

◇ These clients are subject to the rules governing subsidized housing.

◇ MRVP Subsidy – If the client pays more than 30% of monthly income for monthly rent, the clients will receive the remainder of the benefits. Thirty percent (30%) of the client's portion of the rent starting in the month when the clients moved will be paid up to the remainder of the benefits.

◇ HCVP Subsidy – If the client pays more than 30% of monthly income for monthly rent, the client will receive 50% of the remainder of the benefits.

◇ MRVP and HCVP Subsidies – If the client pays 30% or less of monthly income for rent, he/she will not be eligible for the remainder of benefits. However, because the client received LIHEAP benefits at their previous address, he/she must be reported as an eligible client.

4. **Move to Subsidized Housing where Client Pays for Heat after Partial Benefits are Paid**

◇ If the client receives an MRVP subsidy, the benefit level remains the same.

◇ If the client receives an HCVP subsidy and the rent is more than 30% or less of the monthly income, the benefit remains the same.

◇ If the client receives an HDVP subsidy and the rent is 30% or less of the monthly income, the benefit level will be 50% of the remaining balance.

5. **Move from Subsidized Housing to Non-Subsidized Housing and Pay for Heating Costs**

◇ The client is now eligible for the difference between their new benefit level and the amount received under subsidy.

B. Changes In Household Composition

Any changes in household composition (size or income) must be verified with appropriate documents. Changes in household size due to marriage, birth, and death must be verified with appropriate documents.

1. Desertion

When a spouse has permanently deserted a household, the applicant must provide proof of household income for 30 days. If the only income during this period was provided by the spouse who deserted, the applicant should attempt to obtain an acceptable income statement from that person – not to be counted, but as an explanation of how expenses have been met. If the applicants has applied for TANF or EAEDC, a statement must be obtained from the Department of Transitional Assistance.

During Re-Certification

If a member of a family moves to a new address or residence creating a new household, this household, if income eligible, will receive fuel assistance up to the qualified benefit level.

Household members who have turned 18 years of age since the last application date must verify income and/or student status.

Household members, who have been added to the application, must verify income status.

Subgrantees are required to verify the address of an income producing household member who has been deleted from the current year's application.

During an Appeal/Heating

When a client requests an appeal/hearing for reconsideration on the premise that a household member who may have contributed income has moved away, the client must provide: 1) substantive proof of that person's permanent departure and 2) documentation of the individual's new address.

When proof of departure is established, the income of the former household member will not be counted. If the combined income of remaining household members exceeds housing costs by $200 or less, completion of the Low Income/No Income Interview Form is required and the file updated accordingly.

2. Other Changes in Household Composition

◇ Recently Married Couple: The income of both members of a recently married couple is countable for the determination of LIHEAP eligibility and benefits.

◇ Households That Split and Apply Separately: The household that remains at the address on the original application will continue under the old benefit. The household at the new address can apply and be determined for a new benefit level. However, payments will start at the date of the move and no arrearage from the original address will be paid.

◇ Birth of a Child: The birth of a child is verified with a copy of the hospital or birth certificate.

◇ Death of a Household Member: The income of a recently decease spouse is not countable when the survivor applies for LIHEAP.

The applicant may be required to provide an explanation of how expenses are being met.

3. **<u>Public Source of information</u>**

Subgrantees have other means of accessing information needed to complete the eligibility determination process. The following information should be used in situations where a Subgrantee has concerns about household size, income, or living situation:

◇ Current city/town directories or voting lists;

◇ Current city/town assessor's record

◇ Current telephone directories; and

◇ Current newspaper accounts or articles

4. **<u>Names on Statements Other Than Household Members</u>**

In instances where non-household member names are listed on supporting documents (e.g., bank statements, utility bills, leases) submitted by LIHEAP applicants, additional information must be obtained by the Subgrantee regarding the current residence of the listed non-household individual. This is to assure that these individuals are indeed residing elsewhere.

Information submitted by the applicant to the Subgrantee can include documents that verify the other's address (e.g., copies of utility bills, etc.). In special circumstances, a self-declaration is acceptable. For example, a senior citizen who has a family member (who resides outside the household) listed on their bank account, can declare to the Subgrantee the location of the listed party's residence. At a minimum, the Comment Sheet must be used to detail that sufficient proof has been attained.

(AGENCY LOGO)

Low Income Home Energy Assistance Program (LIHEAP)

APPLICANT TRANSFER LETTER

Date: ____________________

Name: ____

Address: ____

City, State, Zip: ____

RE: **Fuel Program Applicant Transfer**

Dear Fuel Program Agency:

The following applicant has transferred from our coverage area into yours:

Name: ______________________________________

Application #: ______________________________________

This person was approved as eligible for up to **$**____________ in assistance. To date, **AGENCY NAME** has paid **$**____________, leaving an available balance to this applicant of **$**____________.

If you have any questions, please call us at: (**TELEPHONE NUMBER, EXTENSION**)

Sincerely,

NAME
TITLE
AGENCY

Enclosures

VII RESPONSIBILITIES OF LIHEAP DIRECTOR

The following sections pertain to the responsibilities of the LIHEAP Director.

A. LIHEAP Workplan

Subgrantees are required to submit a workplan outlining outcome-based activities to be conducted in the current program year and the outcomes to be attained through these activities. Once approved, the LIHEAP workplan is incorporated into Subgrantee contracts with DHCD.

The purpose of the workplan is to plan, document, and report LIHEAP activities and outcomes in the areas of direct client services, outreach, and program capacity buildings.

The following steps may be helpful in developing a workplan:

- ◇ Identify the primary goal of each LIHEAP activity.
- ◇ Determine what each activity will accomplish.
- ◇ Identify the impact (s) the activity seeks to make on clients.
- ◇ Identify an appropriate outcome measure for each activity.

The following is a list of Outcome Measures for direct client services, outreach, and program capacity to be used in the workplan.

Goals and Outcome Measures

Goal A:

LOW-INCOME PEOPLE, ESPECIALLY VULNERABLE POPULATIONS, ACHIEVE THEIR POTENTIAL BY STRENGTHENING FAMILY AND OTHER SUPPORT SERVICES

Outcome Measures

1. The number of low-income individuals or families served by community action that sought emergency assistance and the percentage of those households for which assistance was provided including LIHEAP (National Indicator – 6.23).

2. Number of vulnerable population* showing improvement as a result of receiving LIHEAP assistance or benefit.

   * Household with at least one elderly member and/or with children under 5 years of age and/or disabled.

3. Number of clients showing improvement* as a result of emergency services received.

* Health and safety and other energy-related adverse condition.

4. Number of households* in crisis whose emergency needs are ameliorated due to LIHEAP assistance or benefit.

   * Can be used for all LIHEAP clients.

5. Number of high consumption households realizing a reduction in energy burden* as a result of receiving LIHEAP assistance or benefit.

   * Energy burden is defined as residential energy expenditures divided by income.

6. Number of households* for which LIHEAP assistance avoids a loss of energy service.

   * for LIHEAP emergency clients.

7. Number of LIHEAP recipients making regular payments to energy suppliers as a result of financial counseling.

8. Number of Housing Assistance Program (HAP) clients who are prevented from becoming homeless.*

   * For in-house Housing Assistance Program (HAP).

9. Number of Housing Assistance Program (HAP) clients who maintain housing for more than 6 months.*

   * For in-house Housing Assistance Program (HAP).

10. Number of LIHEAP recipient households who received low/no cost energy related home repair through WAP and/or HEARTWAP programs.*

    * For in-house WAP and HEARTWAP Programs.

11. Number of clients whose energy burden was reduced due to LIHEAP in combination with other energy resources (e.g., utility discounts).

12. Number of LIHEAP households who completed financial assistance/counseling sessions.

Goal B:

THE CONDITIONS IN WHICH LOW-INCOME PEOPLE LIVE ARE IMPROVED.

Outcome Measures

1. An increase in targeting LIHEAP recipient households having at least one member 60 years or older compared to non-vulnerable LIHEAP recipient households.

2. An increase in targeting LIHEAP recipient households having at least one member 5 years or under compared to non-vulnerable LIHEAP recipient households.

3. An increase in targeting LIHEAP recipient households having at least one member who is disabled compared to non-vulnerable LIHEAP recipient households.

4. Number of LIHEAP agencies where customers served accurately represents the ethnic diversity of the service territory.

5. Number of new intake or volunteer sites opened that resulted in an increase in access for potential LIHEAP eligible households.

6. Number of potential LIHEAP applicants who have increased access to energy services due to operation of a new intake or volunteer site.

7. Number of new partnerships* developed with other service providers to increase access to energy services.

   * As evidenced by verbal or written agreements, memorandum of understanding, contracts, etc.

<u>Goal C:</u>

AGENCIES INCREASE THEIR CAPACITY

<u>Outcome Measures</u>

1. Number of wage matches completed for LIHEAP clients as compared to the previous fiscal year.

2. Total number of LIHEAP applicants whose status was determined prior to the beginning of the program year.

3. An increase in the total dollar value of non-LIHEAP energy assistance resources.

4. Increase in proportion of federal funds allocated for meeting emergency and long-term needs of the low-income population.

5. Amount of energy related investment* brought into the community by the network and targeted to low-income people.

   * Funds from local banks, fuel funds, local government, etc.

6. Number of people who are referred to non-LIHEAP energy-related programs.*

   * Salvation Army, Citizens Energy Oil and Gas Programs, FEMA, Unit Way, etc.

Fiscal Year 2007 Low Income Home Energy Assistance Program
Result-Oriented Management and Accountability (ROMA)
WORK PLAN & PROGRAM PROGRESS REPORTING FORM

I. LIHEAP Sub Grantee: ______ Community Action Plan Year: II. ☐ October 1, 2006 – September 30, 2007
(For CAAs Only)

II. Service Category: Energy Assistance

III. Needs & Strategy Statements:

IV. LIHEAP Outcome Measures:

V. Activities Proposed: ☐ Program Administration (PA) ☐ Program Support (PS): ☐ Program Benefit (PB)
(Check boxes and include proposed activity name and code. For example: Budget Counseling – (PS)

1.	4.	7.	10.	13.
2	5.	8.	11.	14.
3.	6.	9.	12.	15.

Fiscal Year 2007 Low Income Home Energy Assistance Program
Result-Oriented Management and Accountability (ROMA)
WORK PLAN & PROGRAM PROGRESS REPORTING FORM

Program Manager: | **Assigned Staff:**

Project/Program Evaluation:
(Provide a brief description of major changes in program activities during semi- annual and annual progress reporting)

Description of Outcome-Based Activities (Activities must be: <u>Specific; Measurable; Attainable; Relevant/Result-Oriented; Time Constrained, and linked to Needs & Strategy Statements</u>	**Outcome Measurement** - Baseline Clients - Service Delivery Type - Measurement Method	**Description of LIHEAP Outcomes**	Actual Activities Conducted and Outcomes Attained (For progress Reporting Only)
	BASELINE CLIENTS: ☐ INDIVIDUALS ☐ FAMILIES/HOUSEHOLDS (CHECK ONE ONLY) SERVICE DELIVERY TYPE: ☐ CASE MANAGEMENT ☐ I & R ☐ OTHER: OUTCOME MEASUREMENT METHOD (S): ☐ SURVEY ☐ DIRECT MEASURE ☐ ENERGY SCALES	1. 2. 3. 4. 5. 6.	

SAMPLE

FISCAL YEAR 2007 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
RESULT-ORIENTED MANAGEMENT AND ACCOUNTABILITY (ROMA)
WORK PLAN & PROGRAM PROGRESS REPORTING FORM

I. LIHEAP SUB GRANTEE: ANYTOWN, INC. COMMUNITY ACTION PLAN YEAR: (FOR CAAS ONLY) II. ☐ OCTOBER 1, 2006 – SEPTEMBER 30, 2007.

II. SERVICE CATEGORY: ENERGY ASSISTANCE

III.

NEEDS & STRATEGY STATEMENTS: The high cost of energy is leaving low income people vulnerable to living without adequate heat in the winter, or in extreme cases, vulnerable to potential homelessness. Escalating costs of utilities, inefficient consumption, and poor household budgeting result in high and possibly wasteful spending on utility financial resources that are unplanned. Furthermore, unanticipated forces create financial hardships on many low-income households. Fuel assistance is provided to eligible households in crisis who are having a difficult time meeting the cost of heating their homes. Eligible households may also receive weatherization and system repair or replacement services to reduce energy costs.

IV. LIHEAP OUTCOME MEASURES: A (1, 6, 10); B (5, 6, 8); & C (1, 2, 6)

VI. ACTIVITIES AND PROPOSED USE OF LIHEAP FUNDS: ☒ ADMINISTRATIVE - $ 15,000 ☒ PROGRAM SUPPORT: $ 8,000 ☒ PROGRAM BENEFIT:$150,000
(CHECK BOXES AND INCLUDE AMOUNTS THAT SUPPORT THE FOLLOWING ACTIVITIES)

1.	CLIENT DIRECT SERVICES	4.	7.	10.	13
2	OUTREACH	5.	8.	11.	14
3.	PROGRAM CAPACITY	6.	9.	12.	15

SAMPLE – DIRECT SERVICE

FISCAL YEAR 2007 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

RESULT-ORIENTED MANAGEMENT AND ACCOUNTABILITY (ROMA)

WORK PLAN & PROGRAM PROGRESS REPORT

PROGRAM MANAGER: JANE S. **ASSIGNED STAFF:** MIKE A.

PROJECT/PROGRAM EVALUATION:
(PROVIDE A BRIEF DESCRIPTION OF MAJOR CHANGES IN PROGRAM ACTIVITIES DURING SEMI- ANNUAL AND ANNUAL PROGRESS REPORTING)

Description of Outcome-Based Activities (ACTIVITIES MUST BE: SPECIFIC; MEASURABLE; ATTAINABLE; RELEVANT/RESULT-ORIENTED; TIME CONSTRAINED, AND LINKED TO NEEDS & STRATEGY STATEMENTS	OUTCOME MEASUREMENT - BASELINE CLIENTS - SERVICE DELIVERY TYPE - MEASUREMENT METHOD	DESCRIPTION OF LIHEAP OUTCOMES	ACTUAL ACTIVITIES CONDUCTED AND OUTCOMES ATTAINED (FOR PROGRESS REPORTING ONLY)
AN ESTIMATED 9,000 HOUSEHOLDS WILL RECEIVE EMERGENCY ASSISTANCE WITH THEIR WINTER HEATING BILLS. **TERMINATION OF UTILITY SERVICES WILL BE PREVENTED FOR AT LEAST 350 HOUSEHOLDS IN CRISIS. ALL HOUSEHOLDS WILL BE ASSISTED WITH NEGOTIATING PAYMENT PLANS WITH THEIR UTILITY COMPANY.** OF ALL LIHEAP PARTICIPANTS, 100 HIGH-ENERGY HOUSEHOLDS WILL BE REFERRED TO WEATHERIZATION SERVICES WITH THE TARGET OF 25 HOUSEHOLDS WEATHERIZED.	BASELINE CLIENTS: 9,000 ☐ INDIVIDUALS ☒ FAMILIES/HOUSEHOLDS (CHECK ONE ONLY) SERVICE DELIVERY TYPE: ☐ CASE MANAGEMENT ☐ I & R ☒ OTHER: ENERGY OUTCOME MEASUREMENT METHOD (S): ☐ SURVEY ☒ DIRECT MEASURE ☐ ENERGY SCALES	GOAL A (1) 10,000 (SHOULD THIS NUMBER BE 9,000 TO MATCH THE NUMBER OF BASE LINE CLIENTS OR MAYBE BUMP UP THE BASELINE NUMBER?)LOW-INCOME FAMILIES SERVED BY COMMUNITY ACTION SOUGHT EMERGENCY ASSISTANCE AND 8,500 OR 85% OF THOSE HOUSEHOLDS FOR WHICH ASSISTANCE WAS PROVIDED INCLUDING LIHEAP (NATIONAL INDICATOR - 6.2). (6) 350 HOUSEHOLDS FOR WHICH LIHEAP ASSISTANCE AVOIDS A LOSS OF ENERGY SERVICES. (10) 25 LIHEAP RECIPIENT HOUSEHOLDS WEATHERIZED, INCLUDING LOW/NO COST ENERGY RELATED HOME REPAIR.	

SAMPLE – OUTREACH
FISCAL YEAR 2007 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
RESULT-ORIENTED MANAGEMENT AND ACCOUNTABILITY (ROMA)
WORK PLAN & PROGRAM PROGRESS REPORT

PROGRAM MANAGER: MICHAEL P. **ASSIGNED STAFF:** JOAN M.

PROJECT/PROGRAM EVALUATION:
(PROVIDE A BRIEF DESCRIPTION OF MAJOR CHANGES IN PROGRAM ACTIVITIES DURING SEMI- ANNUAL AND ANNUAL PROGRESS REPORTING)

Description of Outcome-Based Activities (ACTIVITIES MUST BE: SPECIFIC; MEASURABLE; ATTAINABLE; RELEVANT/RESULT-ORIENTED; TIME CONSTRAINED, AND LINKED TO NEEDS & STRATEGY STATEMENTS	**OUTCOME MEASUREMENT** - BASELINE CLIENTS - SERVICE DELIVERY TYPE - MEASUREMENT METHOD	**DESCRIPTION OF LIHEAP OUTCOMES**	**ACTUAL ACTIVITIES CONDUCTED AND OUTCOMES ATTAINED (FOR PROGRESS REPORTING ONLY)**
THE AGENCY WILL DEVELOP ONE NEW VOLUNTEER INTAKE SITE IN AN UNDERSERVED AREA TO START IN NOV 2006. FOR AT LEAST TWO DAYS PER MONTH, THIS WILL RESULT IN AN INCREASE IN LIHEAP APPLICATIONS THROUGH THIS NEW SITE. TWO PARTNERSHIPS WILL BE DEVELOPED WITH THE CITY AND THE LOCAL SENIOR CENTER. CONTINUE ON GOING AGREEMENTS WITH THE CITY TO PROVIDE A RUSSIAN INTERPRETER TWICE A WEEK AND WITH THE SENIOR CENTER TO PROVIDE INTAKE SERVICES ONE DAY A WEEK.	BASELINE CLIENTS: 700 ☐ INDIVIDUALS ☒ FAMILIES/HOUSEHOLDS (CHECK ONE ONLY) SERVICE DELIVERY TYPE: ☐ CASE MANAGEMENT ☐ I & R ☒ OTHER: NEW SITE OUTCOME MEASUREMENT METHOD (S): ☐ SURVEY ☒ DIRECT MEASURE ☐ ENERGY SCALES	GOAL B (5) ONE NEW INTAKE SITE OPENED THAT RESULTED IN AN INCREASE IN ACCESS FOR POTENTIAL LIHEAP ELIGIBLE HOUSEHOLDS. (6) 150 POTENTIAL LIHEAP APPLICANTS HAVE INCREASED ACCESS TO ENERGY SERVICES DUE TO OPERATION OF A NEW VOLUNTEER INTAKE SITE. (8) TWO PARTNERSHIPS MAINTAINED WITH THE LOCAL GOVERNMENT AND SENIOR CENTER TO INCREASE ENERGY SERVICES.	

SAMPLE – PROGRAM CAPACITY

FISCAL YEAR 2007 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

RESULT-ORIENTED MANAGEMENT AND ACCOUNTABILITY (ROMA)

WORK PLAN & PROGRAM PROGRESS REPORT

PROGRAM MANAGER: KAREN H. **ASSIGNED STAFF:** NANCY P.

PROJECT/PROGRAM EVALUATION:
(PROVIDE A BRIEF DESCRIPTION OF MAJOR CHANGES IN PROGRAM ACTIVITIES DURING SEMI- ANNUAL AND ANNUAL PROGRESS REPORTING)

Description of Outcome-Based Activities (ACTIVITIES MUST BE: SPECIFIC; MEASURABLE; ATTAINABLE; RELEVANT/RESULT-ORIENTED; TIME CONSTRAINED, AND LINKED TO NEEDS & STRATEGY STATEMENTS	OUTCOME MEASUREMENT - BASELINE CLIENTS - SERVICE DELIVERY TYPE - MEASUREMENT METHOD	DESCRIPTION OF LIHEAP OUTCOMES	ACTUAL ACTIVITIES CONDUCTED AND OUTCOMES ATTAINED (FOR PROGRESS REPORTING ONLY)
THE AGENCY WILL SUBMIT 50 WAGE MATCH REQUESTS TO DHCD FOR "NO INCOME "CLIENTS FOR AN INCREASE OF 35 FROM THE TOTAL OF 15 IN FY 2006. THE AGENCY WILL DETERMINE 6,500 RECERTIFICATION APPLICATIONS BEFORE OCTOBER 30, 2006. THE FUEL FUND WILL BE INCREASED THROUGH FUNDRAISING.	BASELINE CLIENTS: 9,250 ☐ INDIVIDUALS ☒ FAMILIES/HOUSEHOLDS (CHECK ONE ONLY) SERVICE DELIVERY TYPE: ☐ CASE MANAGEMENT ☐ I & R ☒ OTHER: ADMINISTRATIVE/ FUNDRAISING OUTCOME MEASUREMENT METHOD (S): ☐ SURVEY ☒ DIRECT MEASURE ☐ ENERGY SCALES	GOAL C (1) 50 WAGE MATCHES COMPLETED FOR LIHEAP CLIENTS AS COMPARED TO 15 IN FY 2006. (2) A TOTAL OF 6,500 LIHEAP APPLICANTS, WHOSE STATUS WAS DETERMINED PRIOR TO BEGINNING OF THE PROGRAM YEAR. (6) $14,000 OF ENERGY-RELATED INVESMENT BROUGT INTO THE COMMUNITY BY THE NETWORK AND TARGETED TO LOW-INCOME PEOPLE.	

B. Outreach Procedures

1. **Subgrantee outreach efforts must target households that are vulnerable to the high cost of home heating** and thus potentially in need of LIHEAP assistance. These groups may include, but are not limited to:

   - Elderly;
   - Disabled;
   - Retirees;
   - Fixed income households;
   - Working poor;
   - Non-English speaking and limited English-speaking households;
   - Households facing termination from TANF;
   - Unemployed; and
   - Potentially eligible households with children under 5.

2. **Outreach activities and strategies shall include, but not be limited to:**

   - Mailing of applications to prior year households;
   - Creation and distribution of a brochure describing the program in the Subgrantee's service area;
   - Special outreach to homebound individuals;
   - Use of barrier-free intake sites;
   - Geographical distribution of intake sites throughout the service area;
   - Use of toll-free telephone numbers in larger geographic regions, unless an alternative approach is developed and presented to DCS/CSU;
   - Use of bi-lingual staff/volunteers/organizations;
   - Contracting with responsible human service agencies (e.g., Area Agencies on Aging, Councils on Aging, Home Care Corporations, neighborhood health centers, nutrition programs, veteran's agencies/groups, and other agencies);
   - Communication and coordination with local DTA, DET, SSA offices, municipal governments and public libraries, and energy vendors;

- Communication with local media outlets, e.g., newspapers, cable TV, radio, etc.;
- Communication with human resources for local retail outlets and small manufacturing plants to target the working poor;
- Communication with private sector companies, e.g., utilities, banks, etc.;
- Communication with local religious organizations; and
- Use of agency website to promote the fuel assistance program.

Subgrantees must demonstrate that outreach efforts have been performed in an effective manner.

Subgrantees are urged to contact housing development management in suitable developments that meet the utility discount criteria and whenever possible, provide intake at the site. Intake and/or telephone reception staff must be trained to ask in every heat included/subsidized situation if the applicant household pays utilities.

Examples of Outreach Efforts

- Advertisements for LIHEAP on the prescription bags used by pharmacies (e.g., CVS, Walgreen's);
- Blurbs for newsletters or bulletins sent to local religious organizations;
- Notices in the senior center newsletters;
- Advertisements on local transit systems;
- Flyers distributed through schools in low-income neighborhoods (agencies should contact the proper school officials prior to initiating this outreach method); or
- Flyers in bags distributed by food pantries.

Examples of Places to Distribute Brochures or Post Flyers

- Supermarkets and local neighborhood stores;
- Food pantries and soup kitchens;
- Community events;
- Hospital clinics and social service departments;
- Local youth organizations;
- Career centers;

- Health care centers;
- Thrift stores (e.g., Salvation Army, Good Will);
- Labor organizations;
- Local bingo and KENO halls;
- Daycare centers;
- Town/City halls;
- Fraternal organizations;
- Banks and check cashing outlets;
- English As a Second Language (ESL) classes;
- Local immigrant organizations;
- Meals on Wheels and other elderly programs;
- Pre-release and jail release programs; or
- Common areas in apartment complexes.

Permission must be sought to distribute or post materials.

C. Intake Sites

To ensure program accessibility to all new applicants, Subgrantees must establish and maintain handicapped accessible intake sites located in convenient areas. Volunteers and/or fuel assistance program staff may operate intake sites.

Intake sites must be designed to ensure privacy for clients during the application interview. Subgrantees should consider using separate offices or partitioned areas for application intake.

These areas should be clearly isolated from the client waiting area, the reception desk, and staff work area. Subgrantees must ensure that privacy for clients and adherence to rules of confidentiality are in compliance at every site, whether staff by Subgrantee staff, or volunteers.

Subgrantees must develop a system for forwarding applications received at the intake sites to the central office.

Subgrantees must establish intake schedules to accommodate the working poor population. Evening and/or Saturday hours are required for applicants who work during the day.

D. Limited English Proficiency (LEP)

LIHEAP Subgrantees must ensure that the LEP populations receive services according to the following DHCD established guidelines. LEP individuals cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with social service providers, such as LIHEAP agencies. They sometimes rely on their minor children to interpret for them or are required to call upon neighbors or even strangers they may encounter at agencies to act as interpreters or translators. The untrained "interpreter" may be unable to understand the concepts or official terminology he/she is asked to interpret. The applicant may be reluctant to disclose or discuss personal limited information in front of the applicant's child or a complete stranger who has no formal training or obligation to maintain confidentiality. This is an obstacle to equal access to services. Therefore, Subgrantees must take steps to ensure that LEP persons who are eligible for LIHEAP and related programs have meaningful access to the programs.

Subgrantees must ensure that the agency and the LEP person can communicate effectively. Steps must be taken to ensure that the LEP person is given adequate information, is able to understand the services and benefits available and is able to receive these services for which he/she is eligible. The keys for provision for such assessment, development of comprehensive written policy on language access, training of staff, and constant monitoring.

Limited English Proficiency Policy

i. **LEP Assessment:**

A. Identifying non-English languages likely to be encountered.

B. Estimating number of LEP persons eligible for services:

1. Accurate language needs recorded on LIHEAP applications.

2. Points of contact where language assistance is likely to be needed.

3. Identifying resources needed and location and availability of resources;

a. Arrangements needed to access resources in a timely fashion.

ii. **Development of Written LEP Policy:**

A. Spoken Language Interpretation.

1. Hiring bilingual staff trained and competent in the skill of interpreting.

2. Hiring interpreters.

3. Contracting with an outside interpreter service.

4. Arranging formally for the services of voluntary community interpreters.

5. Arranging/contracting for the use of a telephone language

interpreter service.

B. **Translation of Written Material.**

1. Translation requirements for each eligible LEP population that constitutes 10% of the service population;

    a. Applications, consent forms, appeal rights, letters explaining the program, outreach material.

2. Translation requirements for each eligible LEP population that is 5% of the served population;

    a. Applications, consent forms, appeal rights and denial notices.

3. Translation requirements for fewer than 100 people in LEP language group;

    a. Written notice in primary language of LEP group of right to receive oral translation of written materials.

C. **Method of Providing Notice**

1. Posting and maintaining signs in regularly encountered languages in waiting rooms.

    a. Right to free language assistance.

    b. Invitation to LEP client to identify him/herself as person needing language assistance.

2. Uniform procedures for timely and effective telephone communication.

3. Statements about available services and right to services:

    a. All outreach materials; and

    b. LIHEAP brochure

iii. **Training of Staff for LEP Compliance:**

A. Staff knowledgeable of LEP policies.

B. Staff trained to work effectively with interpreters.

iv. **Monitoring:**

A. Use of friends, family and minor children as interpreters to be eliminated.

B. Competency of interpreters:

1. Proficiency in both English and other language.

V. **Implication for LIHEAP Administering Agencies:**

A. Research on LEP Populations: Collect languages spoken from applications; list according to number of LEP using specific language.

B. Determine which level of language assistance is necessary for each language group.

C. Assess current interpretive services and improve where necessary.

D. Write policy on language access.

E. Train staff in LEP policies.

E. Assurance 16

In accordance with LIHEAP regulations, Subgrantees may provide services such as needs assessment, referral, budget counseling, energy education/awareness and vendor relations as part of the ongoing servicing of eligible households. These services, under Assurance 16 of the LIHEAP statute, will be directed toward households that may be in financial/energy crisis requiring individual attention beyond the standard course of action. In addition to existing Assurance 16 activities are undertaken by Subgrantees, the funding must be used to enhance outreach efforts to eligible customers, and conduct more targeted outreach, work with utilities on issues impacting users, particularly elders, and expand education and awareness efforts. DHCD will monitor the Assurance 16 activities conducted by Subgrantees to ensure compliance with funding requirements.

F. Report of Fraud/Recoupment

Any case of alleged or suspected fraud must be reported to DHCD/CSU. This includes suspected fraud on behalf of applicants, vendors, or agency personnel. DHCD/CSU will work with Subgrantees to resolve any such situation as quickly as possible.

Recoupment of the value of assistance rendered to ineligible applicants must be sought by the Subgrantee. In addition to recoupment letters advising applicants of their responsibility to make restitution and seeking repayment, the Subgrantee may:

- pursue legal or collection action
- reduce such client's benefit level in a subsequent program year(s) (when eligibility is determined) by the amount of reimbursement due, until such time as repayment is complete.

Applicants who receive benefits and are later determined to be ineligible due to insufficient documentation may provide documentation needed to verify their eligibility, and therefore eliminate their liability for recoupment.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LETTER FOR INELIGIBLE RECIPIENTS OF ONE-TIME EMERGENCY PAYMENTS

Dear (CLIENT's NAME):

Your application for benefits under the Low Income Home Energy Assistance Program has been approved as appears below.

However, our records show that in a prior Fuel Assistance Program Year your household received one-time emergency assistance for which you were ineligible and which you have not repaid. In accordance with State requirements, your maximum potential benefits this year will be reduced by the amount still owing. If you make repayment of the amount, still owing as shown below, your full benefits will be available to you for the program.

You may appeal this decision on eligibility within twenty (20) working days of receipt of this notice by notifying ____________(AGENCY)____________ in writing at the address at the top of this page.

Notice Date: _____/_____/_____ Application #: ________________

Heating Vendor: ________________

Maximum Potential Benefits: $________________

Prior Year's Emergency Payment Made To: ________________

Amount of Emergency Payment Made: $________________ Date: __________

Amount of Repayment Already Made By Client: $________________

AMOUNT OF REPAYMENT STILL OWED - TO BE DEDUCTED FROM BENEFITS:
$________________

ADJUSTED MAXIMUM BENEFIT:
$________________

Sincerely,

Fuel Assistance Director
LIHEAP Agency

G. Applications

1. Application Form

DCS/CSU has developed standardized authorization language for the application for LIHEAP, the Weatherization Assistance Program (WAP), and the HEARTWAP heating system repair and replacement program (official called the Heating Emergency Assistance Retrofit Task Weatherization Assistance program). All LIHEAP Subgrantees must use this language in the current program year. Any variations to the standardized authorization language must receive approval from DHCD/CSU prior to printing. Each LIHEAP application format must include the following demographic and energy related information:

- ◇ Name;
- ◇ Date of birth;
- ◇ Age;
- ◇ Gender;
- ◇ Social Security #;
- ◇ Income Source;
- ◇ Race/Ethnicity;
- ◇ Education Level;
- ◇ Health Insurance Status;
- ◇ Disability Status;
- ◇ Mailing Address/Home Address;
- ◇ Family Type;
- ◇ Family Size;
- ◇ Housing Type;
- ◇ Housing Status/Subsidy/Costs;
- ◇ Homeownership;
- ◇ Energy Conservation; and
- ◇ Heat Supplier Information.

2. **Application Package**

The application package, to be mailed to prior year eligible clients, must be in compliance with the LEP policy and must include the following documents:

- ◇ Application Form, including the standard information and applicant authorization;
- ◇ Application Addendum;
- ◇ Application Instructions;
- ◇ Notice of Appeal Rights; and
- ◇ Income Worksheet

Instructions should be as clear and concise as possible and indicate program dates (November 1, 2006, to April 30, 2007)

A LICATION ADDENDUM **APP ATION NUMBER:** ______________________

A. I have read both the ***Personal Information Notice*** and ***The Wage Match Notice*** on the back of this form

1. 2. 3. 4.

5. 6. 7. 8.

B. I authorize the use of my Social Security number for the purposes stated in The Wage Match Notice. I verify that the number started below is my Social Security Number. (Please Sign Below)

First Name, Last Name	Relationship to Head of Household	Date of Birth	Social Security Number	Signature Authorizing Use of My SSN for Wage Match
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

WAGE MATCH NOTICE

In accordance with state law (M.G.L. c.62E), the matching of income reported by fuel assistance, weatherization, and/or heating system assistance recipients with wages reported by employers to the Massachusetts Department of Revenue may be required. In this event, this AGENCY will participate along with the Massachusetts Department of Housing and Community Development (DHCD) in the Massachusetts Wage Reporting System (a wage match). We are asking all adult members of an applicant's household (18 years of age or older) to provide their social security number for this purpose. The adult household members do not have to provide social security numbers to be determined eligible under the application for the fuel assistance, weatherization, and/or heating system assistance programs.

Should a wage match be required, this AGENCY will forward social security numbers, along with the names and address of the head of household and all adult household members to DCS/CSU. DCS/CSU will forward this information to the Massachusetts Department of Revenue. The income information you have reported to us for the fuel assistance, weatherization, and/or heating system programs will be matched with wage (income) information reported by employers to the Department of Revenue. The Department of Revenue will provide DCS/CSU with information from its records as to your income and the income of other members of your household, and DCS/CSU will inform this AGENCY of this income information.

If the income information that you reported to us does not match the information reported by employers to the Department of Revenue, we will contact the head of your household. We will meet and work with the head of your household and any household member whose income information is in question to try to resolve a "mismatch". However, if we cannot resolve a "mismatch", and we determine that the household has incorrectly underreported income to us, we may take one or more of the following actions: adjust the household benefit level; terminate assistance to the household; seek repayment of payments incorrectly made to or on behalf of the household; reduce any future benefits by amounts not repaid. If we take any of these actions, the head of household has the right to dispute our decision through this AGENCY's Appeals Process and in court.

Any "mismatch" which cannot be resolved by this AGENCY could also result in referral to DHCD. Information concerning you and other household members may also be referred to the State Bureau of Special Investigations, District Attorney, or Attorney General which may result in further investigation, action, and or criminal prosecution.

If you do not or cannot provide or verify your social security number to this AGENCY, your name and address will still be submitted to the Department of Revenue in the event of a wage match. After you have read this notice, if you are still concerned about the wage match, call your local legal services office.

FISCAL YEAR 2007
MASSACHUSETTS LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
STANDARDIZED APPLICATION ITEMS

The following information must be collected from each household.

HOUSEHOLD INFORMATION

- Agency Name
- Application Number
- Application Type: (optional, if the information is already available)
- New or re-certification (# of years in LIHEAP program)
- Do you speak and understand English? (Yes, No) If "No" which language(s) do you speak and understand?

The following information must be collected for each member of a LIHEAP household, including the "Head of Household".

INDIVIDUAL INFORMATION

- Name: (Last), (First), (MI)
- Date of Birth: (MM/DD/YYYY)
- Age: (0 - 12 months or Years)
- Gender: (Male, Female)
- Social Security Number: (all nine digits)

Total gross income (before taxes) and income source (in dollars for four consecutive weeks for all adult members (age 18 or over) of households, including the Head of Household).

INCOME SOURCE(S)

- No Income ("0" Income) – if yes, attach a completed copy of Low Income/No Income Form

- Wages (including bonuses, tips, overtime, strikers benefit)
- *Net Self-Employment Income – if yes, attach tax forms (request business equity information if gross receipt(s)/revenue exceed: $___________).*
- Social Security
- Supplemental Security Income (SSI)
- Transitional Assistance for Needy Families (TANF)
- Emergency Aid to Elderly, Disable, and Children (EAEDC)
- Unemployment Benefit
- Veterans Benefit
- Retirement/Pension Income and Annuities
- Workers Compensation (including temporary disability insurance payments)
- Interest Income/Dividends (if yes, provide information on the following and supply the most recent statement):

- ☐ Savings Account ☐ Checking Account ☐ Certificates of Deposit (CD)
- ☐ Stocks/Bonds ☐ Trust Fund ☐ Pension/retirement funds/IRA
- ☐ Inheritance Fund

- Rental Income (less allowable deductions)
- Alimony/Child Support
- Odd Jobs Employment Income
- Other Income (including but not limited to royalties, regular lottery payments, regular insurance payment, regular on-going cash support given to or on behalf of a household by others, stipends, fellowships and other types of financial support used for maintenance, estate or trust income, housing allowances, or any other payment considered income).

- Income from lump sum receipt(s):

☐ Stocks/Bonds ☐ Capital Gains ☐ Royalties ☐ Inheritances
☐ Insurance Payments (excluding third party and life insurance payments)
☐ One time Alimony or Child Support (paid in lump sum in lieu of monthly payments)
☐ Pension/retirement funds/IRA withdrawal (only applies to people who are 59 ½ years or older)
☐ Lottery winnings

Exclusions:

Tax refunds; Earned Income Tax Credits (EITC); proceeds from surrendering the cash value of a life insurance policy; life insurance payments; third party insurance payments; cancelled debt; proceeds from a loan; research grants; pension/retirement funds/IRA withdrawals (only applies to people who are under 59 ½ years).

RACE AND ETHNICITY

Race and Ethnicity information must be collected from all members of LIHEAP households.

- Hispanic
- Non-Hispanic
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Other
- Multi-Race (Optional – two or more races)

EDUCATION LEVEL OF ADULTS (FOR PERSONS AGE 24 AND OLDER)

- 0 – 8th grade
- to 12/non-graduates
- High School graduate
- Some post secondary
- 2 or 4 year college graduate

OTHER CHARACTERISTICS

Heath Insurance Type

- Private
- Medicaid
- Medicare
- None

Disability

- Any member of the household is physically or mentally handicapped? (Yes, No)

The following information must be collected from each household

HOUSEHOLD INFORMATION

MAILING ADDRESS

Street # and Name	Suffix	Apartment #
City or Town	State	ZIP Code

- Telephone number (including the Area Code)

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

Street # and Name	Suffix	Apartment #
City or Town	State	ZIP Code

- Telephone number (including the Area Code)

FAMILY TYPE

- Single Parent/Female
- Single Parent/Male
- Two-Parent Household
- Single Person
- Two Adults (no children)
- Other (for choices that are not listed above)

FAMILY SIZE

- Number of people in the household

HOUSEHOLD QUESTIONS

- Any member of the household is a Veteran of foreign war? (Yes, No)
- Any member of the household receives Food Stamps? (Yes, No)

- Any member of the household participates in Women Infant & Children (WIC) Program? (Yes, No - only applies to agencies that operate a WIC program)
- Do you receive Foster Care payments? (Yes, No)

HOUSING TYPE

The following are the revised housing type categories:

- Single Family
- Condominium
- Two Family
- Multi Family (3 or More Family)
- Mobile Home
- Other

- If multi-family, number of units in the building

HOUSING STATUS, SUBSIDY, AND COST OF HOUSING

- Own
- Rent
- Other

If renting, obtain the following landlord information

- Landlord's Name
- Landlord's Address (Street # and Name)
- City or Town, State, ZIP Code

- Telephone number (including the Area Code)

- Live in public or subsidized housing? (Yes, No)
  (If "Yes", type of subsidy – HCVP (Section 8), MRVP, AHVP, Chapter 707, other, not known)

- Housing Cost: $ (Monthly)
  (For LIHEAP purpose, monthly mortgage cost for homeowners must include principal, interest, insurance and real estate taxes). Attach documentation (for all new and "0" income recertified applicants).

Own a real estate property other than your primary home where you currently reside? (Yes, No)

If yes, type/use of second home: ________________ Assessed value of second home: $_ _ _

(The definition of real estate property includes vacation home, second home, income properties, etc.)

Energy Conservation

- Pay for your own heat? (Yes, No)

- How do you heat your home? (Oil, Natural Gas, Coal ,Kerosene, Firewood, Propane, Electric, Other)
- Heat included in the rent? (Yes, No)
- Do you share your heating system? (Yes, No)
- Does the heating system need repair? (Yes, No)
- Does your house need Weatherization? (Yes, No)

Supplier Information (as it appears on the bill)

HEATING COMPANY INFORMATION

- Heating Company's Name:
- Name on heating bill (if different from applicant's or person applying):
- Heating account number:

ELECTRIC COMPANY INFORMATION

- Electric Company's Name:
- Name on electric bill (if different from applicant's or person applying):
- Electric account number:

GAS COMPANY INFORMATION

- Gas Company's Name:
- Name on gas bill (if different from applicant's or person applying):
- Gas account number:

REQUIRED ATTACHMENTS

- Application Instructions
- Income Calculation Worksheet
- Low Income/No Income Form (for households whose monthly household income exceeds expenses by up to $200).

LIHEAP INCOME WORKSHEET

INCOME SOURCE(S) AND AMOUNT	PLEASE CHECK	HEAD OF HOUSEHOLD	OTHER ADULT (18+) HOUSEHOLD MEMBERS			
No income ("0" Income)*	☐	☐	☐	☐	☐	☐
Wages (including bonuses, tips, overtime, strikers' benefit)	☐	$	$	$	$	$
Net self-employment income** (from IRS tax form)	☐					
Social Security (SS)	☐					
Supplemental Security Income (SSI)	☐					
Transitional Assistance to Needy Families (TANF)	☐					
Emergency Aid to Elderly, Disable, and Children (EAEDC)	☐					
Unemployment benefit	☐					
Veterans benefit	☐					
Retirement/Pension income and Annuities	☐					
Workers Compensation (including temporary disability insurance payment)	☐					
Interest/Dividend Income***	☐					
Rental income	☐					
Alimony/Child Support (regular payments)	☐					
Odd jobs employment income	☐					
Income from lump sum receipt(s)****	☐					
Other						
- Royalties	☐					
- Regular lottery payments	☐					
- Regular insurance payments	☐					
- Regular on-going cash support from others	☐					
- Stipends/fellowships/scholarships (used for maintenance)	☐					
- Estate or Trust income	☐					
- Housing allowances	☐					
- Any other payment considered income (specify below)	☐					
	☐					
HEAD OF HOUSEHOLD INCOME		$				
OTHER HOUSEHOLD INCOME		$				
TOTAL HOUSEHOLD INCOME		$				

Verification of income is required (please see instructions and consult your local fuel assistance provider for additional information about income verification).

* If checked, complete a Low Income/No Income and Statement of No Income forms. ** If checked, attach tax forms. *** If checked, attach the most recent statement.
**** Income from lump sum receipts, such as Stocks and Bonds; Capital Gains; Royalties; Inheritances; one time insurance payments (excluding life insurance and third party payments); one time Alimony or Child Support (in lieu of monthly payment); lottery winnings (paid in lump sum) are counted only on the first year application.

H. Record Keeping

Client information and documentation must be maintained year to year in a continuous file format. Each LIHEAP client file folder must contain the updated versions of the following:

- ◇ Completed LIHEAP Application
- ◇ Income Documentation for all household members
- ◇ Income Calculation Worksheet**
- ◇ Notification of Eligibility or Denial**
- ◇ Client Request for Local Level Appeal
- ◇ Letter of Subgrantee Appeal Decision
- ◇ Letter of DHCD/CSU Appeal Decision

** These items may be "filed" electronically as part of the database, but must be accessible to CSU upon request.

Client files should follow a specific order that is maintained in each file and should mirror, if possible, the listing above. The filing of income documentation by dates can be used as a tool for missing documents. Chronological filing of documents allows easy access in monitoring the eligibility determination of an application.

Purging of files is prohibited. All public documents, such as contracts, and funding awards, must be retained for 7 years. Client files must be retained for 5 years.

Scanning is optional provided all documents are scanned. All documents must be date stamped before being scanned. Current and previous years' files must be maintained in hard copy.

VIII. NOTIFICATIONS

A. Incomplete Applications

An application is incomplete when income and/or other necessary information, to determine eligibility, are not provided.

An application is considered complete when the applicants submit all pertinent household documents and the income documents for all household members.

Subgrantees must assign a staff member to be responsible for all aspects of the incomplete process.

Upon receipt, applications received by mail (recertification) or intake (new), should be reviewed by agencies for completeness.

Incomplete notices must be clear and concise, indicating the specific items and dates needed to complete the application.

Households who have not provided sufficient documentation of eligibility must be sent a "Notice of Incomplete Application". During LIHEAP program year, the Incomplete Notice must be issues within 20 working days of November 1, or the Application date, whichever date is later.

1. Timeframes

Documents:
Any consecutive 4 weeks period – After the 2006 application date and up through April 30, 2007.

End Date:
May 31, 2007 – End date to complete the application
May 31, 2007 – Automatic denial

Appeals:
Applicants can access the local appeals process up to June 22, 2007 to complete the application requirements with the local agency.

State Level Appeals:
Applicants must complete the application at the local agency. Applicants cannot complete the application requirements at DHCD/CSU. In unusual circumstances, applicants can complete the requirements at the state level provided the have received prior approval from DHCD/CSU.

A copy of the incomplete notice must be retrievable from the database (with original date) or included in the folder.

2. Applications that are not complete should use the following steps:

Step One – Initial Notice:

- ◇ Date stamp documents and enter into the computer.
- ◇ Determine documentation required to complete an application.
- ◇ Issue an Incomplete Notice – the Incomplete Notice must be clear and concise, indicate the specific person and items still needed to complete the application.

Step Two – Partial Information:

- ◇ Date stamp documents and enter into computer.

- ◇ Pull incomplete application for certification and match documentation with application.
- ◇ Acknowledge the documents received, state why the submitted documents cannot be used, and/or detail what documents are still outstanding.

And if Still Incomplete:

- ◇ Issue a follow up Incomplete Notice.
- ◇ Be specific on what documents are needed to complete the application process. When dated documentation is needed (e.g., a specific pay stub), the exact dates must be noted.

An Additional Notice is Necessary When:

- ◇ Insufficient information was requested by the agency in the first notice and/or
- ◇ Documentation received reveals the necessity to request further information and/or
- ◇ An applicant submits partial documentation.

Step Three – Follow-Up Measures

Follow-up measures must be noted on the Comment Sheet. While only one (1) official notice is required, Subgrantees should make every effort to contact applicants. The contact can be by a face-to-face meeting, by telephone or by a separate letter (tailored to the specific application).

May 31, 2007 is the deadline when the application is automatically denied in the system.

Step Four – Internal Review Process

Subgrantees must complete an internal review of all applicants who fail to respond to the original "Notice of Incomplete Application". This review shall be conducted by December 31st for applications dated prior to December 31st, and April 30th for applications date after December 31st of each year. Attempted contacts other than the complete notice must be noted on the Comment Sheet.

Applicants who fail to complete their application by May 31st are automatically denied in the system. These applicants will have to appeal (prior to the local appeal deadline of June 22, 2007) in order to activate their application. This process requires update information no later than the month of April (the last 4 weeks of the application period).

Step Five – Denial Process

Final denial notices for incomplete applications can be issued in two ways.

a. Final denial notices for incomplete applications may be sent at any time in the program year after the following conditions are met:

- ◇ A minimum of 4 weeks has elapsed since the date of the last incomplete notice.
- ◇ A review of the incomplete notice(s) to ensure clear, concise explanations of all needed documents and responses to any submitted materials that were inadequate or incorrect.

b. If the application remains incomplete by May 31st, the Final Formal Notice of Denial must be mailed to the applicant. The appeal process would be necessary to activate the application.

In either situation, the final formal notice with the appeal form must be sent by May 31st of each year.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NOTICE OF INCOMPLETE APPLICATION

Name Of Applicant: ______________________________
Date: ______________________________
Address: ______________________________
City/Zip: ______________________________

Dear Applicant:

This letter is to inform you about the action being taken on your 2006 - 2007 fuel assistance application.

Your application is **INCOMPLETE.** We cannot help you with an oil delivery, utility payment, or rental payment without the following information:

____
____
____

!! IMPORTANT !!

You **MUST COMPLETE** your application by MAY 31, 2007

If your application is **INCOMPLETE** on May 31, 2007, **YOU WILL BE DENIED!**

If you need help getting this information, please call us **IMMEDIATELY!**

We cannot guarantee availability of funds if you delay sending in your documents.

(AGENCY Letterhead)
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

SECOND NOTICE OF INCOMPLETE APPLICATION

Dear: ______________________________________:
(Applicant)

Your application is still missing income documents. We cannot help pay your heating bills without this information.

The Notice of Income Application dated: ___/___/___ requested the following documents:

____

____

____

(An asterisk * indicates which documents we received.)

We will need these missing documents by May 31, 2007:

____

____

____

!! IMPORTANT !!

If we do not receive these missing documents by May 31, 2007, your application will be denied automatically.

THIS IS YOUR FINAL NOTICE!

B. Denied Applications

1. LIHEAP Applicants Shall Be Denied Assistance When:

- ◇ The application or any piece of correspondence is forwarded to the Subgrantee by the postal; service marked: "Returned to Sender". The application remains as a non-respondent and is not counted.
- ◇ The household's calculated income exceeds program guidelines.
- ◇ The applicant has not provided sufficient eligibility documentation.
- ◇ The applicant resides in a public subsidized housing where heat is included in the rent and the tenant portion of the rent is 30% or less than their income.
- ◇ The household has already filed an application during the program year.
- ◇ The applicant resides in an ineligible group home and other similar situations.
- ◇ The applicant requests that the application by withdrawn.
- ◇ The applicant resides outside of the Subgrantee's service area. A referral to the correct LIHEAP Subgrantee is required.
- ◇ Ownership of additional real estate property (refer to eligibility section of this Guidance).

An application shall not be denied because Subgrantee lacks the funds to commit at the time of certification.

Denied applications must be maintained separately from eligible applications or visually identified for easy retrieval and review.

Households who have not provided sufficient documentation of eligibility must be sent a "Notice of Incomplete Application" within 20 working days of application.

Households must be notified in writing of the decision via a denial notice within 40 working days from application completion (or other circumstances triggering denial).

Denial notices must contain an explanation of the decision and provide income calculation documentation. <u>The denial notice package **MUST** include a worksheet that shows clearly and in detail how the income was calculated.</u> A copy of the appeal rights, including procedures and timeframes for hearing requests must be enclosed with the notice.

The Subgrantee must file a copy of the Denial Notice and Income Worksheet with the application or be able to provide an electronic copy. The original income calculations must be preserved, either as a hard copy of the income worksheet sent with the denial notice or as an electronic copy.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

DENIAL NOTICE

Application #: ____________________ **Date of this Notice:** __________

Dear: ____

Address, City, State, Zip ____

________(AGENCY)____________________________ regrets to inform you that your application for fuel assistance has been denied for the following reasons (further explanation is provided below):

______Your household's gross income of $__________ as calculated from the documents you have provided is greater than the program guideline limit of $_________ for a household of __________.

______You reside in a public housing or private subsidized housing situation in which heat is included in your subsidized rent that is limited to a fixed percentage of your income.

______Your household has already filed an application in the current program year.

______You reside in a group home situation, which cannot be served under the program.

______You have requested that your application be withdrawn.

______You reside outside of the area we are authorized to serve. Please contact:
____
____

______ OTHER: ____
____
____

EXPLANATION OF ITEM CHECKED ABOVE:
____
____
____

IF YOU WISH TO APPEAL THIS DENIAL OF YOUR FUEL ASSISTANCE APPLICATION, YOU MUST COMPLETE AND RETURN THE ATTACHED APPEAL FORM TO (AGENCY) WITHIN TWENTY (20) WORKING DAYS OF RECEIPT OF THIS DENIAL.

IF YOUR HOUSEHOLD INCOME OR SIZE CHANGES BEFORE May 1, 2007, YOU MAY FILE AN APPEAL TO (AGENCY).
ALL APPEALS MUST BE FILED BY FRIDAY, JUNE 22, 2007.

C. Client Notification

Clients must be notified in writing of their eligibility and benefits within 8 calendar days of certification.

Client notification of eligibility must contain at a minimum the following information:

- ◇ Subgrantee name and address;
- ◇ Date of notice;
- ◇ Applicant name and address;
- ◇ Application number;
- ◇ Maximum potential benefits;
- ◇ Statement of right to appeal;
- ◇ Applicant's vendor; and
- ◇ A statement that benefits are dependent upon availability of program funds.

Subgrantees who wish to maintain an electronic record of notification must be capable of showing pertinent notification information as well as the dates of notifications.

Subgrantees who issue incorrect benefit amounts on an Eligibility Notice will be held liable for these amounts with non-LIHEAP funds.

D. Vendor Notification

Vendors must be notified in writing of client eligibility and benefits within 7 calendar days of certification.

E. Voice Retrieval

Subgrantees may utilize a voice retrieval system as a means of notification of a household's eligibility and payments provided the following procedures are instituted:

- ◇ The system notifies the household that this will be their notification.
- ◇ A printout of the household accessing the system for eligibility and/or payment information is produced on a weekly basis (and is available for DCS/CSU review) or a record of the call is maintained as part of the client's electronic record.
- ◇ A final written notice if payments must be mailed to the household.

F. Non-Respondent Notice

Subgrantees are required to send reminder notices to all non-respondent households no later than the second Friday in January. The notice must be written in languages mandated by the Subgrantees Limited English Proficiency (LEP) policy.

G. Utility and Verizon "Lifeline" Discount Rate Notifications

Subgrantees must comply with the requirements of all utility discount rate procedures. These procedures are usually discussed and updated as necessary at the beginning of the LIHEAP season.

Households ineligible for LIHEAP benefits that reside in subsidized housing with heat included in the rent and pay for electricity usage may be ELIGIBLE for the electric utility discount rate if they meet all the following criteria; the presence of a housing subsidy, the cost of heat is included in rent, and the tenant pays for electric utilities.

1. Enrollment/Verification of Fuel Assistance clients in the Verizon "Lifeline" Rate

    - Subgrantees must provide by the 12th of each month a listing of **new clients** only who were certified in the prior month. The listing should have all duplicates deleted from month to month and not contain"re-certification" households, unless there was a change in address, or phone number.

    - Listings should be **sorted** by: last name, first name, middle initial, address, and phone number. Names without phone numbers should be group at the beginning or end of the list. Please make reasonable efforts to obtain a household's phone number of assist in the processing of the Lifeline application. Client application numbers can be omitted from the report if so elected.

2. **Verizon "Lifeline" Year-End Verification**

    Subgrantees are asked to generate an exception report containing households who received assistance in FY 2006 but did not re-apply or were denied in FY 2007.

    Verizon requests the year-end listing in the listing format described in #1 above and provided in an excel spreadsheet. Target date for submission to Verizon is May 31, 2007, and should be e-mailed to RMGNORTHEAST@VERIZON.COM.

    All inquiries should be forwarded to:

    Susan Faustini, Team Leader
    VERIZON Support and Response Center
    385 Myles Standish Blvd.
    Taunton, MA 02780
    508-520-6950

IX. APPEALS PROCESS

Subgrantees must inform applicants/clients of the right to an appeal at the following times:

- ◊ At the point of intake (in the printed statement on the application, and accompanying notice of appeal rights);
- ◊ In the written "Notification of Eligibility/Denial" statement(s) or notices; and,
- ◊ In the written notification of an appeal decision at the Subgrantee level.

Applicants/clients must be informed of timeframes and procedures for appeal. Subgrantees will use standard forms as provided by DCS/CSU where applicable.

Applicants/clients may request a local level appeal from the Subgrantee for any of the following reasons:

- ◊ To appeal a Subgrantees determination of ineligibility or, if determined eligible, to contest the benefit level assigned. Applicants/clients must request a local level appeal on these grounds within twenty (20) working days from receipt of notice of ineligibility or eligibility.
- ◊ To request reconsideration of an earlier decision of ineligibility or, if previously found eligible, review of the earlier benefit level assigned due to change in household circumstances (reduction in income, change in household size) later on in the program year.

Since households may file only one LIHEAP application during the program year, this type of local level appeal must involve the updating by the client of the original application and documentation.

For Subgrantee inaction on an application after 40 working days from the date of application. (Appeals may be made until June 22, 2007.)

The appeal at the local level will take the form of a review of the written materials in the applicant/client file (including new or additional information and/or documentation submitted by the applicant/client with the appeal); and a formal, tape-recorded, face to-face hearing.

Local level appeals should be requested in writing using the standard LIHEAP Appeal Form.

All requests by applicants/clients for a face-to-face hearing will be made on the standard Appeal Form. If the box on the Appeal Form is checked for a face-to-face hearing, the Subgrantee must communicate with the client, even if the box appears to be checked by mistake. If it is established that a face-to-face hearing is not what the client desires, all written or oral communication about the chosen method of appeal must be filed either electronically or manually in the client's file. A notation must be made on the Comment Sheet whether manually or electronically.

Apart from hearing requests, the submission of an appeal request (including information and/or documentation) without the standard Appeal Form or other formal written request must be honored by the Subgrantee. In these instances of less formalized requests, the Subgrantee must enter a notation of the request, signed, and dated by staff, in the applicant/client file.

Subgrantees may exercise reasonable discretion in expanding the above timeframes for appeal in consideration of the specific circumstances of the appellant household.

When an applicant/client requests a formal face-to-face hearing (or if the Subgrantee deems a hearing necessary), the Subgrantee will promptly send the applicant/client a standard "Notice of Hearing", scheduling the hearing at least 10 days in advance, accompanied by the standard LIHEAP "Rules for Fair Hearings". The Subgrantee should generally allow 3 days for mailing in addition to 10 days advance notice of the hearing. The impartial hearing officer selected by the Subgrantee must not have been involved in the original decision of ineligibility or eligibility.

In the case of a review of a written file, the Subgrantee must issue a written decision on the local level appeal within 20 working days of receipt by the Subgrantee of the appeal request or any new or additional information or documentation requested by the Subgrantee. In the case of a face-to-face hearing, the Subgrantee must issue a written decision on the local level appeal within 10 working days of the close of the hearing (including receipt of written materials, if any, permitted by the hearing officer to be submitted after the hearing date).

Subgrantees will use the standard "Notice of Local Appeal Decision", informing the applicant/client of the right to further appeals and the procedures for an appeal to DCS/CSU.

Subgrantee must designate a staff person to manage the local level appeal process. A second person review is required for difficult cases or in cases where the applicant/client appeals more than once.

A local level appeal log must be maintained, showing:

- Application number;
- Client name;
- Date of ineligibility/eligibility notice;
- Appeal request date/hearing request date (check if additional documentation has been submitted with appeal);
- Review date/hearing date;
- Status: upheld, reversed;
- Pending date; and
- Client notification date.

The appeal log must identify each request for a hearing by an applicant/client. For Subgrantees maintaining an electronic database, this information must be readily accessible for monitoring by DCS/CSU staff.

Further appeals to DCS/CSU by applicants/clients must be mailed or submitted to DCS/CSU within 20 working days from receipt of "Notice of Local Appeal Decision". DCS/CSU will issue a written decision to the applicant/client and the Subgrantees within 20 working days of receipt of:

- ◇ The applicant/client file;
- ◇ Local level hearing record (if any); and
- ◇ All additional information and/or documentation required to render a decision.

The final date for appeals to DCS/CSU will be August 24, 2007.

A. Process for Subgrantee Level Appeals

1. A request by applicant/client for review (formal request of face-to-face) hearing.

2. A thorough review by the Subgrantee of the application file and materials submitted by the applicant/client with the appeal or as further requested by the Subgrantee OR issuance by the Subgrantee of a "Notice of Hearing" (where hearing is requested by the applicant/client or deemed necessary by the Subgrantee) and convening the hearing.

3. Recalculation of income or other re-determination of eligibility/benefit level.

4. Written notification to applicant/client of the decision, including notice of the right to a further appeal to DCS/CSU and the procedure for initiating a higher-level appeal, in the case of an adverse decision.

B. Process for State (DCS/CSU) Level Appeals

1. The receipt of a written appeal from applicant/client.

2. A notice from DCS/CSU to the Subgrantee to submit a complete copy of the application file including the income calculation worksheet (and local hearing record, if any) and to set aside sufficient funds (subject to contract and availability) in the event of a decision favorable to the applicant/client.

3. A thorough review by DHCD appeals officer of the application file (and local level hearing record, if any).

4. If necessary, the submission by the applicant/client of additional information and/or documentation, as specified by DCS/CSU.

5. Recalculation of income for re-determination of eligibility/benefit level.

6. Written notification to the applicant/client and Subgrantee of the decision (including notification of the right to seek judicial review of the DHCD decision) rendered on appeal from a local level appeal and the timeframe for seeking judicial review of the decision.

The Subgrantee's Appeals Officer must be a different staff person than the person who originally certified the file.

DCS/CSU requires applicants to file a written letter to DS/CSU. An appeal denial by the Subgrantee is required prior to filing an appeal with DCS/CSU. The Subgrantee is required to review this file prior to mailing it to DCS/CSU. DCS/CSU must receive a complete file inclusive of computer-generated letters and, if relevant, documentation of any payments made on the client's behalf.

The following copies of material must be submitted with an appeal to CSU:

- the application;
- all income documentation;
- all comments (comment sheet and/or printed computer screen);
- incomplete notices if applicable;
- denial letter and income worksheet;
- client appeal request;
- Subgrantee appeal denial letter and any income worksheet; and
- payment record if any.

Incomplete applications cannot be completed at the DHCD appeal level, unless approved by DHCD. If documents are sent to DHCD prior to June 22, 2007, they will be returned to the local Subgrantee for completion of the appeal.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NOTICE OF APPEAL RIGHTS

You may appeal to: ____________________ at ____________________ for
(Agency) *(Address)*
any of the following reasons and according to the following schedule:

1. If you have been denied assistance or you disagree with the amount of assistance, you may appeal within 20 working days of receipt of any notice of eligibility or ineligibility. (This is further subject to a final date of **Friday, June 22, 2007** for all appeals to **(SUBGRANTEE).**

2. If you have not received any decision on your application (eligible or ineligible) after forty (40) days from the date of your application, you may appeal. The last day to appeal to **(SUBGRANTEE)** is **Friday, June 22, 2007**.

3. If your household has had a change in either income or household size since your original application date, you may request another review of **(SUBGRANTEE's)** previous decision of eligibility (amount of assistance) or ineligibility. (The change in either income or household size must occur before **MAY 1' 2007**.) The last day to appeal to **(SUBGRANTEE)** is **Friday, June 22, 2007**.

(SUBGRANTEE) will schedule an informal face-to-face hearing only if you request it on an appeal form provided by **(SUBGRANTEE)** or if **(SUBGRANTEE)** deems it necessary. **(SUBGRANTEE)** will reach a decision and send you written notice within ten (10) working days after hearing.

If you do not have a face-to-face hearing, you may still be required by **(SUBGRANTEE)** to submit new or additional documentation in support of your appeal. **(SUBGRANTEE)** will reach a decision and send you written notice within twenty (20) working days of receipt of your appeal or within twenty (20) working days of receipt of complete documentation, if new or additional documentation has been requested. No appeal will be accepted by **(SUBGRANTEE)** after **Friday, June 22, 2007**. You may, within twenty (20) working days after receiving a written decision from **(SUBGRANTEE),** file an additional appeal in writing to the Department of Housing and Community Development (DHCD), Division of Community Services, Community Services Unit, 100 Cambridge Street, Suite 300, Boston, MA 02114. No appeal will be accepted by DHCD after **Friday, August 24, 2007**.

PRIOR TO APPEALING TO DHCD

YOU MUST APPEAL TO (SUBGRANTEE) BY JUNE 22, 2007.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NOTIFICACIÓN DEL DERECHO DE APELACIÓN

Usted puede apelar a (SUBGRANTEE NAME) en (SUBGRANTEE ADDRESS) dentro de las fechas establecidas por cualquiera de las siguientes razones:

1. Si le han negado asistencia o no está de acuerdo con la cantidad otorgada, usted puede apelar a (SUBGRANTEE) dentro de 20 días laborales a partir del recibo de la notificación de elegibilidad o rechazo. La fecha final para apelar a (SUBGRANTEE) es el **viernes, 22 de junio de 2007**.

2. Usted puede solicitar una apelación si a los 40 días de haber sometido su solicitud no ha recibido una contestación. El ultimo día para apelar a (SUBGRANTEE) es el **viernes, 22 de junio de 2007**.

3. Si después de la haber sido tomada la decisión de elegibilidad (cantidad designada para la asistencia) o rechazo por (SUBGRANTEE), sus ingresos o su composición familiar han cambiado desde la fecha de la solicitud original, usted puede solicitar una revisión de su caso a (SUBGRANTEE) para reconsiderar una decisión basada en los datos nuevos. (El cambio de ingresos o composición familiar debe ocurrir antes del día 1 de mayo). El último día para apelar a (SUBGRANTEE) es el **viernes, 22 de junio de 2007**.

(SUBGRANTEE) le concederá una cita para una audiencia informal, persona a persona solo si usted la solicita a través de la petición provista por (SUBGRANTEE), o si (SUBGRANTEE) lo considera necesario. (SUBGRANTEE) tomará a una decisión que será notificada por escrito dentro de un plazo de 10 días laborales a partir de la fecha de la audiencia.

Si usted no tiene una audiencia de persona a persona, puede ser que (SUBGRANTEE) le pida enviar documentación nueva o adicional para respladar su apelación. (SUBGRANTEE) le notificará por escrito de la decisión dentro de 20 días laborales a partir del recibo de su solicitud o a 20 días laborales de haber recibido la documentación completa, cuando nueva o documentación adicional ha sido requerida. Ninguna apelación será aceptada por (SUBGRANTEE) después del **viernes, 22 de junio de 2007**.

Si usted quiere apelar de nuevo la decisión de (SUBGRANTEE), debe hacerlo por escrito a Department of Housing and Community Development (DHCD), Divison of Community Services (DCS), Community Services Unit (CSU), 100 Cambridge Street, Suite 300, Boston, MA 02114, dentro de 20 días laborales a partir del recibo de dicha decisión. Ninguna apelación será aceptada por DHCD después del **viernes, 24 de agosto de 2007.**

USTED DEBE APPELAR A (SUBGRANTEE), A MAS TARDAR EL 22 DE JUNIO DE 2007 Y ANTES DE APELAR A DHCD.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

APPEAL FORM

PART A: I WANT TO APPEAL (AGENCY) FOR THE FOLLOWING REASON:

_____ 1. I have received a notice from (AGENCY) that I am ineligible for fuel assistance benefits. (This Appeal Form must be submitted to (AGENCY) within twenty (20) working days of receipt of this Appeal Form.)

_____ 2. I have received notice from (AGENCY) that I am eligible for fuel assistance benefits, but I disagree with the AMOUNT of benefits. (This appeal Form must be submitted to AGENCY) within twenty (20) working days of receipt of this Appeal Form.)

_____ 3. My household has had a change in income or size AFTER (AGENCY) notified me that I was ineligible or eligible (including amount of benefits) for fuel assistance benefits, and I want the (AGENCY) to review its previous determination based on this change. (This Appeal Form must be submitted to (AGENCY) no later than Friday, June 22, 2007).

_____ 4. I have not received a determination from (AGENCY) on my application for fuel assistance benefits after forty (40) days from the date of my application. (This Appeal Form must be submitted to (AGENCY) no later than Friday, June 22, 2007).

ADDITIONAL COMMENTS: ____

PART B: CHECK ONLY ONE BOX BELOW:

☐ 1. I request that (AGENCY) review my file (including any additional information or documentation which I now want to submit in support of my appeal). I understand that (AGENCY) may also request me to submit additional information or documentation.

IF YOU WANT TO SUBMIT ANY NEW OR ADDITIONAL INFORMATION OR DOCUMENTATION IN SUPPORT OF YOUR APPEAL, YOU SHOULD SUBMIT THE INFORMATION OR DOCUMENTATION WITH THIS APPEAL FORM BY MAIL OR IN PERSON TO (AGENCY). Please list any information or documents being submitted (use additional sheet(s) of paper if necessary):

I further understand that (AGENCY) will send me a written decision within twenty (20) working days of receipt by (AGENCY) of this Appeal Form or receipt of any information or documentation requested by (AGENCY). (AGENCY) may schedule an informal hearing if (AGENCY) deems it is necessary.

OR

☐ 2. I request that (AGENCY) schedule an informal face-to-face hearing for me to present my appeal. I understand that this hearing will be tape-recorded and conducted by a hearing officer selected by the (AGENCY). I also understand that I will be receiving a Notice of Hearing from the (AGENCY) notifying me of the time and place of the hearing and the rules for the hearing. (AGENCY) will send me a written decision by the hearing officer within ten (10) working days after the hearing.

I agree to provide all information and documentation as required to verify my eligibility for fuel assistance benefits.

____

Applicant/Client Signature **Date** **Application Number**

This form must be returned to (AGENCY) at above address.

(AGENCY Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NOTICE OF APPEAL HEARING

You have submitted an Appeal Form to **(AGENCY)** in which you have requested a face-to-face hearing at the **(AGENCY)** concerning your appeal under the Low Income Home Energy Assistance Program.

A hearing has been scheduled on ___________________ at __________o'clock,
(Day/Date),
At the offices of the _______________________________________ **(AGENCY)**.

You must appear at this schedule time or, if this is not possible, you must contact **(AGENCY)** before this scheduled time to arrange for a different time. Failure to appear at the scheduled hearing or to contact (AGENCY) before the hearing will result in the dismissal of your appeal unless you can demonstrate good cause for not appearing or contacting the (AGENCY).

A copy of the ***Low Income Home Energy Assistance Program Rules for Fair Hearings*** is enclosed. These Rules will govern the hearing.

You have the right to examine and to copy at the **(AGENCY)** materials concerning your application on file with **(AGENCY)**. You may copy your application and five (5) additional pages from your file without charge. There will be a charge for any additional pages or copies. You must contact **(AGENCY)** to schedule a time to examine and/or copy materials in your file (see below).

You have the right to be represented, at your own expense, by an authorized representative. If you plan to be represented at the hearing by an authorized representative, you must notify **(AGENCY)** in writing before or at the hearing.

If you want to reschedule your hearing, if you want to schedule a time to examine and/or copy materials in your file, or if you have any additional questions about this notice, please contact:

____

____

____

(AGENCY INFORMATION)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

RULES FOR FAIR HEARINGS

1. These Rules shall be construed to achieve an informal, just, speedy, and inexpensive determination of Low Income Home Energy Assistance Program appeals involving fair hearings. A hearing shall be held at the request of the applicant/client or where the Subgrantee deems a hearing necessary.
2. A completed Appeal Form requesting a hearing must be received by the Subgrantee:

   a. in the case of determination of eligibility or ineligibility, within twenty (20) working days of receipt of the Appeal Form from the Subgrantee.

   b. after forty (40) working days from the date of the application if the Subgrantee has not acted upon the application; or

   c. after the applicant/client's household has had a change in either income or household size since a previous determination of eligibility or ineligibility by the Subgrantee.

3. The applicant/client has a right to be represented at his/her own expense by an "authorized representative", who may be a lawyer, paralegal, friend, relative, or other person. Authorization for such representation must be put in writing by the applicant/client prior to or at the hearing. An authorized representative may exercise, on the applicant/client's behalf, any rights and powers conferred by these Rules.

4. The applicant/client has the right, both before and after the hearing, to examine and copy his/her application materials on file with the Subgrantee, at the Subgrantee's office. The applicant/client may copy his/her application and five (5) additional pages from the file without charge; additional items may be copied at the applicant/client's own expense. The Subgrantee shall establish reasonable times at which applicant/client, upon reasonable notice, may examine and copy his/her file.

5. The Subgrantee shall provide a written Notice of Hearing that:

   a. provides ten (10) days' notice of the time and place of the hearing, plus three days for mailing;
   b. states that the applicant/client has a right to obtain an authorized representative at his/her expense;
   c. states that the applicant/client has the right to examine and copy his/her application materials on file with the Subgrantee, and describes how to arrange such an examination;
   d. states that the hearing will be governed by these Rules; and
   e. states that if the applicant/client fails to appear for the hearing as scheduled and fails to reschedule the hearing in advance, the appeal will be dismissed, subject to reinstatement if the applicant/client shows good cause for his/her failure to appear or reschedule.

6. At the hearing, the applicant/client and the Subgrantee shall have the right to present personal testimony, witnesses, documentary evidence, and oral and/or written argument, to question adverse witnesses and to rebut any other evidence offered at the hearing.

7. An impartial hearing officer to be selected by the Subgrantee shall preside at the hearing. The hearing officer:

   a. may exercise reasonable control over the sequence and length of the presentations in order to preserve order and avoid repetition;

RULES FOR FAIR HEARINGS - PAGE TWO

b. may limit attendance at the hearing in order to preserve order and the applicant/client's privacy, provided that the applicant/client may waive his/her privacy rights;

c. may continue the hearing until a later date, where appropriate;

d. may exercise discretion to limit or exclude evidence, but shall not apply the rules of evidence that are applicable in court and shall accept all relevant, reliable, and non-repetitive evidence;

e. shall keep copies of all documents submitted at or relied upon in the course of the hearing; and

f. need not administer any oath to witnesses, but shall not give reduced weight to any testimony by reason of its not being given under oath.

8. The Subgrantee shall tape-record the hearing, and the tape shall become part of the record of the hearing, but the Subgrantee shall not be required to transcribe the tape. The applicant/client may also tape-record the hearing at his/her own expense.

9. The Hearing Officer's decision:

   a. shall be in writing;

   b. shall be based only on the materials in the applicant/clients file, the evidence and oral argument submitted at the hearing, any written argument submitted before or during the hearing, (or after the hearing if within a time specified by the hearing officer), the applicable program requirements, and any other undisputed facts;

   c. shall state the reasons for the decision, including applicable program requirements, and shall resolve those factual disputes, if any, that are necessary to deciding the appeal;

   d. shall be issued within ten (10) working days of the close of the hearing and receipt of any post-hearing submissions; and

   e. shall inform the applicant/client that he/she may file a further appeal with the Department of Housing and Community Development (DHCD), and that he/she must mail or submit the appeal within twenty (20) working days of receipt of the decision.

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LOCAL APPEAL DENIAL

Applicant: ______________________________ **Application #:** ____________________

______________________________________ **Date of This Notice:** _______________

____

As a result of our review of your appeal to the Fuel Assistance Program, we regret to inform you that your appeal for:

_____ Eligibility
_____ Increase In Benefit Level

Has been **denied** for the following reason(s):

____

____

____

If you want to **appeal this decision further**, you must submit your **appeal in writing**, within **twenty (20) working days** from receipt of this notice to arrive no later than Friday, August 24, 2007, to:

LIHEAP Appeals Officer
Community Services Unit, Division of Community Services
Department of Housing and Community Development
100 Cambridge Street, Suite 300, Boston, MA 02114

DHCD/CSU will review your file (including the record of any hearing held at (AGENCY) and may request you to submit new or additional information and/or documentation. DCS/CSU will issue a decision to you in writing within twenty (20) working days from receipt of all necessary information and documentation. You will have the further right to seek judicial review of DCS/CSU's decision.

If you wish further information regarding this notification, please contact:

____

(AGENCY) **(TELEPHONE NUMBER)**

Please be advised that this decision does not affect your possible eligibility in any future year or preclude a request for reconsideration should your household income or size change before May 1, 2007.

IF YOUR APPLICATION IS INCOMPLETE, YOU MUST CONTACT (AGENCY) BY FRIDAY, JUNE 22, 2007. THE LAST DAY TO APPEAL TO THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT IS FRIDAY, AUGUST 24, 2007.

X. HIGH ENERGY PROGRAM

The High Energy Program is designed to help households with higher than normal energy costs.

A. Thresholds

Average energy costs or thresholds are developed using actual information from all households served in the previous program year and vary by type of fuel used. Any household having primary energy costs equal to or greater than the current thresholds will be eligible for an additional benefit, dependent on the availability of funds.

B. Eligibility Notices

Households are to be notified of their eligibility for the high energy benefit at one of two points: with their standard eligibility mailer or by separate notice upon submission of the required data.

Households have the right to submit data at any point during the year. However, the data period must conform to the original data collection period. The timeframe for the FY 2007 annual consumption costs data collection period is April 1, 2006 through March 31, 2007. Less than 12 months of billing can be used if the consumption costs already exceed the threshold for the hearing source.

The timeframe for the high-energy benefit data collection, as stated above, should conform to the original data collection period (April 1, 2006 through March 31, 2007) whether it is submitted by a new or re-certified household at any point during the program year.

C. Payment of Benefits

Payment of high energy benefits will conform to existing payment requirements.

If a recertification applicant moves prior to the start of the program, the consumption costs can be transferred for high-energy benefits.

XI. RESIDENTIAL ASSISTANCE FOR FAMILIES IN TRANSITION (RAFT)

FY 07 Program Summary

Introduction:

◇ The program is administered on the state level by the Department of Housing and Community Development (DHCD). The program has been funded at $5 million for FY 2007.

◇ DHCD contracts with 9 Regional Non-Profit housing agencies (RNPs) to administer the program on the local level, throughout the state.

◇ The RNPs will administer the program within their Housing Consumer Education Centers (HCEC). The HCECs serve as a one stop referral service for housing consumers, service providers and property owners. A list at the end of this Guidance contains the mailing address and phone number of each RNP/HCEC, as well as the cities/towns within their service area.

◇ The RNPs will begin accepting applications as of August 15, 2006.

Program Goal

◇ To provide short term, limited financial assistance which will enable families to retain housing, obtain new housing or otherwise avoid homelessness.

Target Population

◇ The target population for RAFT consists of homeless families moving into subsidized or private housing and families that are at risk of homelessness due to a significant reduction of income or increase in necessary household expenses.

◇ Homelessness is defined as lacking a permanent place to live. This includes families living on the street, residing in a homeless shelter, participating in a transitional housing program, doubled up with other households, or living in a severely overcrowded situation.

◇ At-risk of homelessness is defined as experiencing a significant reduction of income or an increase in necessary household expenses such that the family cannot pay their current housing costs and is facing a potential eviction or loss of utility service. The applicant must not have been primarily at fault for causing the significant reduction of income or increase in expenses.

Definition of Family

◇ Two (2) or more people living together, one of whom is a dependent child under the age of 21, or

◇ Two (2) or more people living together, one of whom is disabled, or

◇ A single pregnant head of household.

Participant Eligibility

◇ Income Eligibility
Program participants must have incomes at/below 50% if area medium income as defined by the federal Department of Housing and Urban Development.

Determination of Program Qualification

Demonstrating an unintentional crises in and of itself is not sufficient to qualify for RAFT financial assistance. In addition to Income Eligibility, applicants must meet both the following two threshold qualification criteria:

◇ Financial Crisis: The applicant must demonstrate that there was a one-time extraordinary event beyond the control of the applicant that resulted in a significant reduction of income or increase in expenses.

◇ Housing Stabilization: The applicant must demonstrate that new income has been secured or expenses reduced such that the applicant will be able to afford housing expenses going forward.

- Unless the facts of the case warrant otherwise, the RNP shall apply a presumption that housing will be stabilized if the applicant is paying less than 50% of its income for housing.

- For applicants paying more than 50% of income, the RNP must give such applicants a fair opportunity to establish that RAFT assistance will enable the applicant to obtain housing stabilization.

Participant Application Process

Where to Apply

◇ Interested applicants must apply for assistance at one of the Housing Consumer Education Centers (HCEC's) operated by the 9 RNPs. The website address is www.masshousinginfo.org.

The program income limits, a list of the nine (9) RNPs with contact information, the RNP service areas, and a Program Summary are available on DHCD's website at: http://www.mass.gov/dhcd.

Application Process

◇ Applications for assistance will be accepted on a first come, first served basis.

◇ Applicants will be required to fill out an application and provide all required documentation. The RAFT staff person will assist the applicant with the application process and documentation requirements.

- ◇ Upon determining program eligibility and the amount of financial assistance necessary, the RAFT staff person will make a recommendation to the program supervisor.

- ◇ The supervisor will generally not have direct client contact, but will review the file to ensure that all of the criteria have been met and adequately documented.

- ◇ Upon approval, the RNP will make direct vendor payments (to property owner, moving company, utility company, etc.) on behalf of the participant family.

Required Applicant Documentation.

Financial assistance cannot be approved until the applicant has:

- ◇ Documented its current address, monthly housing expenses, and household information for all household members.

- ◇ Provided third party documentation for all household income. Such documentation may include four consecutive pay statements or a letter from an employer for wage earners, monthly bank statements for assets, and an award letter from the administering agency if the applicant is receiving public assistance, i.e., TANF.

- ◇ Provide third party documentation concerning the applicant's financial hardship. Such documentation must include any notice to quit or eviction notice received from the applicant's landlord, or a final shut off notice from the applicant's utility company.

- ◇ In addition, the rental property owner will be required to provide a W-9 form and proof of ownership.

Review of Denial of Eligibility

- ◇ All applicants have the right to request re-determination of an ineligibility decision. The RNP must establish an informal review process which generally will be conducted by a supervisor who was not involved with the initial determination decision.

Amount of Financial Assistance

◇ Pursuant to legislation, financial assistance cannot exceed $3,000 per family. Eligible families can access program funds more than once, subject to the availability of program funds. However, in no event can total financial assistance to a household exceed the life time cap of $3,000.

Eligible Use of Funds

Program funds must be expended for housing related expenses only. Families in need of supportive services will be referred to appropriate service provider agencies. No cash assistance will be provided directly to the participant. The RNP will make payments to vendors (landlords, utility companies) on behalf of the participant.

Eligible use of funds include:

- ◇ Security deposit;
- ◇ First and last month's rent;
- ◇ Utility arrearages (If utilities are currently shut-off or if the applicant has received a final shut-off notice from their utility company);
- ◇ Rent arrearages;
- ◇ Mortgage payment arrearages;
- ◇ Monthly rental stipend (If needed to allow the participant to meet the "no more than 50% of household income for housing" threshold. Total funds approved for monthly stipends cannot exceed 3 months rent.);
- ◇ Furnishing (The RNP must determine that such expenses are necessary to ensure that homeless families moving from a shelter environment are able to obtain to their own apartment, i.e., crib, refrigerator); and
- ◇ Transportation related expenses (if necessary to maintain employment total transportation expenses cannot exceed $1,500).

Provision of Referral Services

- ◇ Program legislation requires that the RNP establish a system for referring participant families to existing community based organizations that provide other housing stabilization services.
- ◇ The RAFT will be administered within the RNP's Housing Consumer Education Center (HCEC). Referral services are a primary function of the HCECs. As part of the application process for RAFT financial assistance, the RNP must assess the overall needs of applicants and maintain documentation of all referrals made to other housing stabilization services.

XII. PAYMENTS

A. Emergencies

Massachusetts LIHEAP developed a fast track system for prioritizing and expediting service to households experiencing heating emergencies.

An emergency is defined as no heat or imminent loss of heat due to:

- ◇ Less than a 3 day supply of a deliverable fuel or a reading of 1/8 tank (or less) on a standard 275 gallon oil tank.

- ◊ Receipt of a utility termination notice for the primary heat source or secondary source if the secondary source is necessary to operate the primary heating system. Termination must be scheduled to occur between October 10th and May 31st.

- ◊ Eviction within 72 hours for a renter whose heat is included in the rent.

- ◊ Heating system failure.

- ◊ The aftermath of fire or other unforeseen events that may force relocation.

- ◊ Other circumstances in accordance with the statute, which are deemed to be "household energy related emergencies" and cannot be resolved be other public or private resources of the Subgrantee of the community.

This includes payments toward a security deposit for: 1) client whose heat is included in the rent; and, 2) a client whose services is provided by a Municipal Utility Company that requires the deposit prior to connection of services.

To utilize LIHEAP funds for these extraordinary situations, the applicants must be determined eligible and Subgrantees must obtain prior telephone approval from DCS/CSU, followed by a written request. Payments cannot exceed fifty percent (50%) of the eligible client's benefit level.

Subgrantees are required to provide emergency service within 18 hours of receipt of a complete application between November 1st and April 30th. Applications must be completed before emergency services are granted, unless extenuating circumstances exist. Service to applicants receiving undocumented emergencies may be made in the amount of 100 gallons of oil.

Subgrantees must have a system in place to document compliance with emergency response timeframe.

Subgrantees should inform applicants of any fees associated with the emergency delivery. A list of fees for all delivered fuel companies must be available for intake and/or telephone staff.

B. Payments

1. Allowable Costs

Subject to receipt of funds from DCS/CSU, payments on behalf of eligible households must begin on or after November 1st of the program year. Subgrantees must issue payments within 30 calendar days of receipt of bill or invoice.

Certified eligible households, including households eligible through the appeals process, may receive payments for:

- ◊ Unpaid bills for usage prior to November 1st of the program year, regardless of credit status (subject to program end date).

- ◇ Bills for usage after November 1st of the program year, regardless of credit status (subject to program end date).

Bills paid by another public or private agency/funds are not payable (not including protective payments).

Payment is permissible for such incidental costs as :

- ◇ Burner start-up/priming fees.
- ◇ Reconnection fees (utility, propane, etc.).
- ◇ Propane tank deposit (DCS/CSU approval required).
- ◇ Other costs related to delivery or service. See Vendor Section for information regarding fees for service or delivery.

NOTE:
Unlike investor-owned utilities, municipal utilities may charge deposits prior to providing service. If a municipal utility company requires a reconnection fee or deposit that seems exorbitant, the Department of Telecommunications and Energy (DTE) Consumer Division may be contacted to establish if the amount or nature of the charge is suitable.

2. **Non-Allowable Costs**

- ◇ Budget amounts.
- ◇ Water heater rentals.
- ◇ Payment is permitted only for the cost of energy used.

C. Documentation for Payments

In order to receive payment, vendors must submit delivery tickets and/or computer invoices for services provided.

1. **Deliverable Fuel Invoices Must Contain the Following**

- ◇ Vendor name;
- ◇ Customer name and address;
- ◇ Date of delivery;
- ◇ Quantity of delivered fuel;
- ◇ Vendor posted retail price on the date of delivery (adjusted for any discount or prepay);
- ◇ Total delivery cost; and,
- ◇ Signature of authorized dealer representative and/or customer.

Tickets for oil, propane (not canisters) , and kerosene must have a meter reading indicating the number of gallons delivered.

Tickets for wood deliveries must specify the age, log size, and cut of the delivered wood. The client must sign a statement indicating the delivery is satisfactory.

Pellets must be of good quality. The Subgrantee must either request proof of a Delivery Ticket or Store Receipt showing the purchase of pellets from client.

2. **Utility Service**

- ◊ Individual bills or invoices;
- ◊ Customer service printouts or other comparable forms;
- ◊ Utility generated customer/client listing;
- ◊ Agency generated payment request form;
- ◊ Billing name/customer of record and address of clients;
- ◊ Charges for service provided;
- ◊ Usage dates; and,
- ◊ Date of invoice.

Subgrantees are encouraged to obtain bills for actual usage, but payments made for estimated bills are acceptable.

3. **Process Review for Delivered Fuel**

- ◊ Completeness of delivery documentation;
- ◊ Eligibility of documentation;
- ◊ Any alteration/doctoring of information;
- ◊ An acceptable form of delivery documentation (i.e., a delivery ticket or computerized invoice); and,
- ◊ Correct price extensions for oil deliveries.

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

VERIFICATION OF WOOD/WOOD PELLETS DELIVERY

Date: ____________________

Client Name: ____________________

Application #: ____________________

As a Fuel Assistance Client who heats with wood, you are requested to complete and mail this questionnaire to (AGENCY). We want to insure that the wood you received was satisfactory and that your fuel assistance benefits are paid according to what you received.

____________________ ***(Agency)*** has received a bill on your behalf from: ____________________ ***(Vendor)*** in the amount of $__________ for a delivery of __________ cords of wood/pellets on _____/_____/_____.

PLEASE CHECK ALL THAT APPLY:

______ I received/did not receive the full amount of wood/pellets and it was satisfactory.

______ I did not receive/purchase that delivery.

______ The wood delivery was not satisfactory for the following reason(s)
____
____

______ I did not receive the full amount.

______ The length of the logs was not as agreed/expected.

______ The wood was green, not seasoned wood as I expected.

______ Other (please comment below)

COMMENTS:
____
____
____

Signature: ____________________
Date: ____________________

PLEASE CALL THE FUEL ASSISTANCE OFFICE AT (TELEPHONE #) WITH ANY QUESTIONS. ATTACH RECEIPTS FOR ALL SELF-PURCHASED WOOD OR WOOD PELLETS

D. Arrearages

For the primary heating source utility service or liquefied petroleum gas (LPG) propane service, a pre-heating season arrearage for a primary heating source is an unpaid energy bill prior to November 1st.

1. Arrearage at the current address

Payment of an arrearage is permissible up to the maximum benefit level, providing the payment results in a continuation of restoration of service.

2. Arrearage from previous address

Payment for an arrearage from a prior address (whether for a deliverable fuel, utility or rental situation) is permissible only if non-payment of said bill would put the households in a position of being without heat or shelter.

3. Rental arrearage prior to heating season

Payment of a pre-heating season rental arrearage, for households with heat included in the rent, is permissible when a client is in danger of being evicted. Payment may be made (in accordance with the heat included in the rent formula) for the actual arrearage amount or up to 1/2 of a client's benefit level, whichever is less.

Payment approval is dependent upon the landlord's agreement to cease eviction proceedings, and the exhaustion of other resources. Documentation of the situation is required prior to payment and must be maintained for review by DHCD/CSU representatives.

4. Pre-Heating Season Wood Delivery

Payment may be made for wood deliveries (when they are the primary heating source) prior to November 1st of the program year. The Subgrantee fuel assistance director must approve payments in these instances, citing the specific reason(s) for payment on the Comment Sheet.

E. Secondary Energy Source Payment

Payments for energy other than the primary heat source are allowable if an additional source of energy is necessary to:

- ◇ Trigger the primary heating system and termination has occurred or is threatened (termination notice must be provided).
- ◇ Supplement a primary source that does not provide adequate hat.

Payments for a secondary source are permitted when:

- ◇ Termination has occurred and the household has no access to primary heat.

- ◊ Termination is threatened to occur before May 1st of the program year. Payment can be made only when the Subgrantee has been provided with a final termination notice.

- ◊ An eligible household receives a utility bill, dated after January 31st of the program, which includes the following notice:

  "You account is presently protected from service termination. However, because of a substantial arrearage your account may qualify to receive emergency funds. This notice will be accepted by your local Fuel Assistance Agency for emergency funding consideration."

NOTES:
A majority of LIHEAP eligible households are protected from both the receipt of utility service termination notices and the termination of service due to a substantial arrearage because of the termination moratorium between November 1, 2006 and April 15, 2007. Protection is also extended under special household circumstances including: an infant under 12 months, a serious illness, financial hardship, or where all household member are over 65 year of age.

All eligible primary heating source commitments must be met before any secondary source energy payments are made. Payments may not exceed 1/2 of a client's maximum benefit level. Primary vendors must be notified about the reduced benefit level.

Secondary source payments are not permissible if a client's cost of heat is included in the rent and the household receives a direct payment.

F. Margin-Over-Rack Payment Method (MOR)

All Subgrantees with the exception of CAI, must make payments to oil vendors under the Margin-Over-Rack payment method. This allows the vendor to be paid the lesser of either:

- ◊ A set margin of 30¢ per gallon above the weekly average or daily price of oil as reported by the Oil Price Information Service (OPIS); or,

- ◊ Their regular retail price on the date of delivery.

Weekly averaged MOR prices will be e-mailed to Subgrantees each Friday by CSU and posted on the DHCD website. The prices reported on Friday will be effective from Saturday through Friday of the following week. Daily MOR prices are effective the next day unless otherwise determined by DHCD.

1. **Oil Terminal Sites and Subgrantee Assignments**

Albany	BCAC
Boston	ABCD, ACTION, CAMBRIDGE/ SOMERVILLE, CAPIC, CTI, GLCAC, LEO, NEFWC-F, NSCAP, QACAP, SELF-HELP, SMOC, SSCAC, TRICAP, AND WCAC

Providence	CFC and PACE
Springfield	CA!, NEFWC-S and VOC
New Bedford/Sandwich	SSCAC, PACE, and CFC

2. **Allowable Direct Payments for Oil Deliveries**

◇ The client does not have the choice of selecting a participating oil vendor (e.g., the client is required by landlord to utilize a certain vendor, who is not participating

◇ Shared tank situations where the other party(ies) are not LIHEAP eligible.

◇ Client's usage determined by a metering device.

◇ Prior to eligibility determination, delivery from non-participating vendor.

DCS/CSU must approve any other direct payments or other special circumstances prior to commitment.

MOR Policies do not allow vendors to balance bill clients for the difference between the MOR and retail prices. Any vendor suspected of balance billing should be referred to DCS/CSU for resolution.

Payments cannot be made to any oil vendor not participating in MOR. In case of non-participating vendors, Subgrantees should follow the steps below:

◇ Attempt to obtain a written notice of non-participation from the vendor.

◇ Inform vendor's clients, in writing, of vendor's decision not to participate.

◇ Ask clients to select another vendor.

G. CAI Oil Bid Prices

CAI operates an oil bid program to service their fuel assistance territory. On an annual basis, the bid price is based on a "price-added" amount over the weekly average low prices as reported by OPIS. The price-added amount is above the weekly averaged price of oil.

Direct payments are allowable for applicants who chose to select an oil vendor other than the low bid oil vendor, in which case CAI reimburses the customer based on the low bid vendor's price.

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MARGIN-OVER-RACK MEMO FOR VENDORS

TO: Fuel Assistance Oil Vendors

FROM: Subgrantee

DATE: ________________________________

RE: **"Margin-Over-Rack" Program Implementation**

* *

During the last few years, the Fuel Assistance Program has been adjusted administratively and programmatically to cope with changes in federal and state funds. In an effort to maximize client benefit dollars, a pilot oil payment program was operated in six (6) areas of the state in fiscal year 1990. This initiative, known as "Margin-Over-Rack" or MOR, was an alternative to the bid project, which had run successfully in the Haverhill area. Because of the success of the MOR program, the Massachusetts Department of Housing and Community Development has expanded the MOR program statewide, with the exception of the Haverhill area, which will continue with the bid program. Listed below are answers to some of the questions you may have about the Margin-Over-Rack purchasing method.

If you have additional questions about this purchasing method, please join us at a vendor meeting on:

____

(Insert date, time, and location of meeting.)

1. ***WHAT IS THE "MARGIN-OVER-RACK" (MOR) PRICING METHOD AND HOW DOES IT WORK?***

The "Margin-Over-Rack" (MOR) pricing method will be used by local Fuel Assistance Agencies to purchase #2 fuel oil from local dealers on behalf of their clients. Participating dealers will be paid for deliveries based on a margin of thirty (30) cents per gallon over a daily or weekly average rack price, based on the Oil Price Information Service (OPIS). Dealers will receive either the MOR price **or** their current retail price for the delivery date, whichever is **less**.

2. ***WHY WAS THE MARGIN-OVER-RACK PRICING METHOD IMPLEMENTED?***

The MOR pricing method offers savings to fuel assistance clients that heat with oil.

MARGIN-OVER-RACK MEMO FOR VENDORS - Page Two

3. ***How is the MOR Price Determined?***
A weekly average price is calculated from the daily average price as reported by the Oil Price Information Service (OPIS) for the cities of Albany, Boston, Providence, and Springfield. A thirty cent margin is added to these figures to determine the price per gallon to be paid for deliveries made by oil dealers for the following week. A daily average price is calculated from the daily price reported by the Oil Price Information Service (OPIS) by adding thirty cents to daily rack prices for deliveries made for the following day. A five cents fluctuation in Rack prices triggers new MOR pricing. Local MOR agencies will have this price available for dealers on Monday morning. Dealers will be paid the ***lesser*** of the MOR or the retail price on the date of delivery.

4. ***What If I Don't Want To Participate In The MOR Program?***
Dealers are not required to participate. However, local Fuel Assistance Agencies can only make payments to dealers who have agreed to participate and accept the MOR pricing method by signing a Vendor Agreement. Fuel Assistance clients are required to select a participating dealer in order to receive fuel assistance.

5. ***Will I Be Required To Do More Paperwork Than Last Year In Order To Receive Payment From My Local Agency?***
No. You must still sign a Vendor Agreement in order to receive reimbursement. Delivery tickets that are submitted for payment must show **only** your current daily retail price. You will continue to receive payment in a timely manner for deliveries to your Fuel Assistance Customers.

FY 2007 Margin-Over-Rack Price and Delivery Schedule

WEEK #	WEEKLY AVERAGED PRICE	FOR DELIVERY WEEK
1	October 23 - 27	November 1 - 5
2	October 30 – November 3	November 6 – 12
3	November 6 - 10	November 13 – 19
4	November 13 - 17	November 20 – 26
5	November 20 - 24	November 27 - December 3
6	November 27 - December 1	December 4 – 10
7	December 4 - 8	December 10 – 17
8	December 11 - 15	December 18 – 24
9	December 18- 22	December 25- December 31
10	December 25 – 29	January 1 – 7
11	January 1 – 5, 2005	January 8 – 14
12	January 8- 12	January 15 – 21
13	January 15 - 19	January 22 – 28
14	January 22 – 26	January 29 - February 4
15	January 29 - February 2	February 5 - 11
16	February 5 – 9	February 12 – 18
17	February 12 - 16	February 19 – 25
18	February 19 – 23	February 26 - March 4
19	February 26 - March 2	March 5 – 11
20	March 5 – 9	March 12 – 18
21	March 12 - 16	March 19 – 25
22	March 19 – 23	March 26 - April 1
23	March 26 - March 30	April 2 – 7
24	April 2 – 6	April 9 – 15
25	April 9 – 13	April 16 – 22
26	April 16 – 20	April 23 -April 30

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

CLIENT/MARGIN-OVER-RACK PARTICIPATION LETTER

Dear Fuel Assistance Client:

In order to stretch dollars and your benefits, ______________________________ ***(Agency)*** is participating in the Margin-Over-Rack (MOR) Program, which will enable us to purchase oil for you at a lower price while you are a fuel assistance client.

Your oil dealer ______________________________ ***(Dealer Name),*** has chosen ***not*** to participate in this program. ______________________________ (Agency) can ***ONLY*** purchase oil from participating dealers.

Therefore, you must choose a participating dealer from the enclosed listing. You must call ______________________________ ***(Agency)*** at ____________________ ***(Telephone Number)*** as soon as possible to tell us which participating vendor you have selected to deliver your oil while you are receiving fuel assistance benefits.

If you have any questions about this year's Fuel Assistance Program, please feel free to call us.

Sincerely,

Name
Title
Agency

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

VENDOR PARTICIPATION LETTER

Dear Vendor:

We hope that you are planning to participate in this year's Fuel Assistance Program, which begins on November 1st. In order to inform our clients about their vendor's participation, we need to know if you will participate in the Margin-Over-Rack Program with ____ ***(Agency).***

If you plan to participate, please sign and return the enclosed Margin-Over-Rack Vendor Agreement and Information Sheet.

If you do not intend to participate in the LIHEAP Margin-Over-Rack Program, please contact us by letter, or call the Subgrantee Fuel Assistance Director at ___________________________***(Agency)*** at: ____________________ ***(Phone Number).***

In order to ensure prompt service to all of our fuel assistance clients, we need to know of your intentions as soon as possible. If we do not hear from you before ____________, 2_____, we must, at that time, assume that you will not be participating in this year's Fuel Assistance Program. This means that in order for your fuel assistance customers to receive benefits this year, they must select a participating vendor.

Please call ______________________________________ ***(Subgrantee Fuel Assistance Director),*** or myself if you have any questions or want to discuss the program further.

Sincerely,

Name
Title

H. Fixed Price Contracts

Fixed price contracts that LIHEAP recipients have with their oil dealers can take many forms and the LIHEAP program can assist households who entered into these types of contracts. Two common types of fixed price contracts are: "budget" (i.e., fixed price with an established price to paid for every gallon of oil delivered), and "deposit" (i.e., fixed price with payment required prior to the heating season).

With the exception of the CAI bid price, payments for the LIHEAP program will always be made at the retail price or MOR, whichever is less.

For households that made a deposit to the fuel vendor to ensure a fixed price for a certain quantity of gallons, a copy of the contract must be obtained from the household that shows the price, quantity of gallons covered by the contract, total amount of deposit AND proof of payment (cancelled check, credit card receipt, etc.).

Direct payments in the amount of the fixed price contract up to the benefit level can be made to those households that made a deposit to the fuel vendor if the above listed documents are submitted. Bills or invoices for deliveries from November 1st to April 30th that total the amount of the direct payment to the household are required.

I. Direct Payments

Payments issued directly to clients are allowed only in the following instances:

1. <u>**Heat Included in Rent**</u>

   To document a heat included in rent situation, applicants must provide one of the following:

   a. "Rental Information Form" mailed directly to the landlord;

   b. Copy of the current lease; or

   c. Statement from the landlord.

   If the client is providing either a lease or a landlord statement, these documents must include the following minimal information:

   - ◇ Landlord's name, address, telephone number;
   - ◇ Tenant's name and address;
   - ◇ Number of individuals living in the unit;
   - ◇ Rent amount and frequency of payment;
   - ◇ Any utilities included in rent; and
   - ◇ Indication of subsidized housing, type of subsidy, and the portion of rent that the tenant pays.

The "Rental Information Form" (Tenant/Landlord Form) must without exception be mailed directly to the landlord. Subgrantees are encouraged to provide a stamped, self-addressed envelope for use in returning the form.

Payments will be issues directly to the client for 30% of the monthly rent indicated on one of the documents listed above.

Direct payments for eligible clients may be issued twice during the program year, the fist no later than December 26th of the program year and the second no later than February 27th of the program year.

Prior to the first payment, Subgrantees must review the direct pay list and send a copy to DCS/CSU for review.

Prior to issuing a second payment, households must confirm current residency by producing proof that is 30 days old or less and has a February service date or later. These may include:

- ◇ Utility bills;
- ◇ Telephone bills:
- ◇ Cable bills;
- ◇ Credit card statements;
- ◇ A fixed-income statement; or
- ◇ Other document which puts the household at the address.

When a client's heat is included in a condominium fee, payment is permissible only for the portion that is documented as primary heating costs.

When a client has a letter from the condo management office that specifies that a fixed percentage of the condo fee is attributed towards heat, that specified portion can be paid.

Example:
The condo fee each month is $240. If 40% of the condo fee or $96 per month per unit is for heat, then $96 can be paid.

Rental arrearages must be documented by a landlord statement of the arrearage amount or record of legal action.

Subgrantees must attempt to contact clients whose check is returned as undeliverable. If the client cannot be contacted within 30 days, the application is to be denied.

2. **Non-Contracted Vendor**

The agency does not have a signed vendor agreement with the client's fuel vendor and the client is not able to obtain an alternative supplier. Clients must submit paid or unpaid bills to document the delivery.

The agency does not have a signed vendor agreement with the client's fuel vendor and the client is not able to obtain an alternative supplier. Clients must submit paid or unpaid bills to document delivery.

3. **Shared Heating System**

The client shares a primary heating system and is unable to obtain a delivery. If it is necessary to estimate the cost of the first delivery of the program to the household, a reasonable estimated payment can be made to the client.

The client must provide a paid delivery ticket or invoice as proof of payment for the prior delivery before each subsequent payment can be granted. Should a vendor still refuse to deliver, a two party check to the client and vendor may be used as a last resort.

4. **Delivery at End of the Program**

The client has paid for the delivery because the delivery was at the end of the program or the client applied late in the program.

The client may be paid directly, but at MOR pricing.

J. Payments for Separate Economic Units

The eligibility and maximum benefits of each applicant Separate Economic Unit (SEU) in a single dwelling unit must be determined individually. Payments toward the dwelling's energy costs (heating bill or rent) will be made on behalf of eligible SEU's or directly to them (subject to maximum benefits) under the following circumstances:

1. If the heating bills are paid directly to a heating vendor and each SEU is responsible for a portion of the heating bill, Subgrantees should make payments to the vendor, in proportion to the number of SEU's sharing the dwelling, for the cost of the delivery or usage.

   If this method of payment impedes the ability to obtain a delivery, the Subgrantee may make a higher proportional payment, up to an SEU's maximum benefit.

   Example A:
   Three (3) eligible SEU households reside in a single dwelling unit, and the heating bills are paid directly to the vendor. Payment for a delivery to the dwelling unit is made to the heating vendor for the total amount of the bill and 1/3 of the payment is deducted from each eligible SEU's benefit level. (Note: This assumes that none of the SEU's maximum benefit levels have been exceeded. If an SEU benefit level has been

exceeded, deduct the remainder proportionately from the other remaining SEUs.)

Example B:
Only 2 of the 3 SEUs are eligible. Payment is made to the heating vendor for 2/3 of the total amount of the bill, and 1/2 pf the payment is deducted from each eligible SEU's benefit level. (Note: that 1/2 deduction is proportional to the 2 eligible SEUs. If one benefit level is exceeded, any excess is shifted to the remaining benefit level.

Example C:
Three (3) SEU households reside in a single dwelling unit, and only one SEU is eligible for fuel assistance with benefit of $80 or less. In the event the vendor refuses to make a delivery to the dwelling, Subgrantees are permitted to make a one-time payment to the vendor for the client's maximum benefit level.

2. If the cost of heat is included in the rent (which is shared by the SEUs), payment will be made directly to the eligible SEUs at the rate of 30% of their portion of the rent, not to exceed their proportionate share of the benefits.

Example:
Four (4) SEUs share a dwelling unit with heat included in the rent. Three (3) are eligible for LIHEAP benefits. Each eligible SEU will receive a direct payment (on a monthly basis) of 30% of its portion of the rent.

3. An eligible SEU is paying a fixed dollar amount to another SEU to cover housing expenses, including the cost of heat. Payment will be made (on a monthly basis) directly to that eligible SEU(s) at the rate of 30% of the fixed dollar amount. This amount is not considered income.

Example:
Two (2) SEUs, A and B, reside in a single dwelling unit. SEU household "A" pays a fixed dollar amount to SEU household B to cover housing expenses, including the cost of heat. Household B pays an energy vendor directly for the cost of the heating bills. Direct payments will be made to A for 30% of the dollar amount paid to B. If B is also eligible to receive LIHEAP benefits, payment will be made to the vendor on B's behalf (subject to B's maximum benefit level) for 1/2 of the dwelling's heating bill.

SEU's and their vendors must be notified as to the terms of eligibility, i.e., only a portion of each bill will be paid by the Subgrantee.

Payments for an eligible SEU cannot exceed the maximum benefits determined for the SEU in accordance with this Guidance.

4. If an aide to elderly/disabled individual is present, payments for elderly or disabled clients will not be reduced by any proportion. These client are eligible to receive full benefits for their income category.

K. End of Program Payments

Payment for a delivery or usage dated after April 30th of the program year is not permitted. Utility charges for a billing period that extends beyond April 30th of the program year is not permitted. Utility charges for a billing period that extends beyond April 30th of the program year must be prorated to April 30th of the program year.

Example:
A household submits a utility bill of $90 for the 30 day period of April 13th to May 12th. The prorated daily charge of $3 ($90 divided by 30) is multiplied by the number of days (in this case, 17 between April 13th and April 30th) resulting in a payable amount of $51.

The Subgrantee will assure that all vendors submit their billings by the 15th of each month for the preceding month. For timely closeout of the program, the final vendor billing must be submitted no later than June 15th of the program year. The final Subgrantee cash request must be received at DCS/CSU by July 20th of the program year, unless otherwise directed by DCS.

L. Payment Notifications to Clients

Subgrantees must provide a written notification to clients of all payments made on their behalf at the point the client exhausts their benefit level. Notifications must be issued within 30 days of the date of exhaustion or at the end of the program year (July 31st) whichever comes first.

Payment notifications must include the following:

- ◇ Subgrantees name and address;
- ◇ Client's name and address;
- ◇ LIHEAP application number;
- ◇ Date of notification; and
- ◇ Listing of each payment made by:
  1. Date with the amount and payee;
  2. Total value of payments; and
  3. Remaining benefits (if any).

M. Vendors

To ensure the effectiveness of payments, Massachusetts LIHEAP is primarily a vendor payment program.

Reliability and cooperation between Subgrantees and vendors are key elements in LIHEAP. Subgrantees are required to provide local vendors with program information and training at the beginning and throughout the program.

In addition to the timely provision of service or fuel, vendors can perform a valuable outreach/referral function for customers in need of fuel assistance or conservation services.

Any vendor fee(s) that seem excessive or above average should be examined by the Subgrantee and any vendor regularly charging delivery fees should be questioned. Oil vendors must be encouraged to place LIHEAP eligible customers on automatic delivery in order to avoid such costs. Subgrantees have the option of establishing a ceiling for primes/delivery fees.

1. **Vendor Agreements**

Prior to issuing payments, Subgrantees are required to obtain signed vendor agreements and information sheets from each LIHEAP energy vendor. Vendor Agreements must be returned to the Subgrantee with the signature of an authorized vendor official. A copy with the Subgrantee's signature should be returned to the vendor and the original maintained on file at the Subgrantee. The information sheet should include a schedule of fees for services and deliveries.

If a vendor chooses not to participate, the Subgrantee must attempt to obtain a written statement. Non-participating vendors should be informed that the customers are required to choose another vendor, or in limited instances, receive direct payments.

Subgrantees may not assign vendors other than the vendor of record or otherwise encourage clients to change vendors. See the "Margin-Over-Rack" section for specific guidance regarding oil vendor selection.

Subgrantees can decline to contract with any vendor that refuses to submit consumption data for customers.

2. Eligibility Notifications and Commitments to Vendors

Subgrantees must notify LIHEAP vendors of client eligibility within seven (7) calendar days of application certification. If mutually agreed upon by Subgrantee and vendor, initial notification may take place by phone, with written notice to follow immediately. Vendor notifications must be maintained in the vendor, client, or electronic data file for easy retrieval and reference.

Subgrantees are required to inform local participating vendors in writing of the agency personnel authorized to make commitments for service or delivery. This is a critical concern since telephone and other verbal requests for delivery/service must be honored by Subgrantees. Verbal commitments for delivery/service must be followed by written authorization.

Utility discount notice lists must be sent monthly to vendors beginning in November of the program year. Only KeySpan backdates the discount; all other utilities start the discount from the date of receipt of the discount notice list.

3. Submission and Payment of Vendor Bills with Required Notification

Per the LIHEAP vendor agreements for delivered fuels, vendors are expected to provide Subgrantees with proof of delivery within thirty (30) days of the date of delivery.

Subgrantees will work closely with utility companies to obtain billing information. Vendors should submit monthly billing information by the 15th of every month for the preceding month.

To track the time requirements for bill payments, Subgrantees must date stamp bills and payment requests upon receipt from vendors.

Subject to the receipt of funds from DHCD/CSU, payment on behalf of an eligible household shall be issued (beginning on or after November 1st) within 30 days of receipt of an acceptable bill or invoice, or 30 days from the date of certification, whichever is later.

All payments to vendors must be accompanied by:

- A dated notice which identifies the client (s) for whom payment is being made;
- Client(s) application number;
- Account number (if any);
- Client's remaining potential benefits; and
- Amount of enclosed payment(s).

Subgrantees are encouraged to switch to the electronic transfer system for utility payments. The format and payment formula will be standardized for all utilities.

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

VENDOR INFORMATION SHEET FOR DELIVERED FUELS

Vendor Name: ______________________
Street: ______________________
City/Town/State/Zip: ______________________
Telephone Number(s): ______________________
Owner: ______________________
Contact Person(s): ______________________

Types of Fuel Delivered (Please check all those that apply):

_____ Kerosene　　_____ Propane　　_____ Coal
_____ Wood/Wood Pellets　　_____ #2 Heating Oil　　_____ Other (Specify)

Number Of Trucks Used For the Delivery Of Oil: ______________________
(blank tickets with the appropriate meter imprints are acceptable)

Truck Meter Codes (AA, BB, etc.): ______________________

Date Of Seal On Meter Boxes: ______________________

Please Indicate The Price Charged For The Following:

Prime: $____________
Evening/Weekend Delivery: $____________
Emergency Delivery: $____________
Connection/Reconnection (Propane): $____________

Payment Plans (please check all those that apply):

_____ C. O. D.　　_____ Charge　　_____ Budget　　_____ Pre-Payment

In Order To Receive The C.O.D. Price, Payment Must Be Made Within ____Days.

Do You Offer Discounts For Senior Citizens? ___ YES ___ NO

Does Your Company Provide Heating Equipment Services To Your Customers? ___ YES ___ NO

Do You Subcontract For Heating Equipment Services? ___ YES ___ NO

Will Your Company Accept New Fuel Assistance Customers? ___ YES ___ NO

If Yes, Please Specify Cities/Towns In Which You Will Provide Service:
____

(Agency Letterhead)

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

VENDOR INFORMATION SHEET FOR UTILITIES

Company Name: ______________________________
Street: ______________________________
City/Town/State/Zip: ______________________________
Contact Person(s): ______________________________
Title(s): ______________________________
Telephone Number(s): ______________________________

Types of Fuel Delivered (Please check those that apply):

________ Natural Gas ________ Electricity

Special Rate Information:

____

____

____

Does the Company Offer a Discount Rate For Any Group(s):

____

____

____

Please Specify Eligible Group(s), As Well As The Present Discount Level:

____

____

____

How Do Eligible Households Enroll in the Discount Rate Program?

____

____

____

What Other Services Are Available to Low-Income Customers (i.e., budget or billing plans, etc.)

____

____

____

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2005** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 OMB No. 1545-0074

Label (See instructions on page 16.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name		Your social security number
If a joint return, spouse's first name and initial	Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 16.		Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.			Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ **You** ☐ **Spouse**

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b ____
No. of children on 6c who:
• lived with you ____
• did not live with you due to divorce or separation (see page 20) ____
Dependents on 6c not entered above ____
Add numbers on lines above ▶

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 19)
			☐
			☐
			☐
			☐

If more than four dependents, see page 19.

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends (see page 23)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount (see page 25)	15b	
16a	Pensions and annuities 16a	b Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29)		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	

Adjusted Gross Income

23	Educator expenses (see page 29)	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	One-half of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction (see page 30)	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction (see page 31)	32			
33	Student loan interest deduction (see page 33)	33			
34	Tuition and fees deduction (see page 34)	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 31a and 32 through 35			36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	

Tax and Credits

38 Amount from line 37 (adjusted gross income) . . . 38

39a Check if: { ☐ **You** were born before January 2, 1941, ☐ Blind. / ☐ **Spouse** was born before January 2, 1941, ☐ Blind. } Total boxes checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶39b ☐

Standard Deduction for—
- People who checked any box on line 39a or 39b **or** who can be claimed as a dependent, see page 36.
- All others:

Single or Married filing separately, $5,000

Married filing jointly or Qualifying widow(er), $10,000

Head of household, $7,300

40 **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) . . 40

41 Subtract line 40 from line 38 . . . 41

42 If line 38 is over $109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply $3,200 by the total number of exemptions claimed on line 6d 42

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . 43

44 **Tax** (see page 37). Check if any tax is from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 . . . 44

45 **Alternative minimum tax** (see page 39). Attach Form 6251 . . . 45

46 Add lines 44 and 45 . . . ▶ 46

47 Foreign tax credit. Attach Form 1116 if required . . . 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R . . 49

50 Education credits. Attach Form 8863 . . . 50

51 Retirement savings contributions credit. Attach Form 8880 . 51

52 Child tax credit (see page 41). Attach Form 8901 if required 52

53 Adoption credit. Attach Form 8839 . . . 53

54 Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859 . . . 54

55 Other credits. Check applicable box(es): **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Form ________ . . 55

56 Add lines 47 through 55. These are your **total credits** . . . 56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- . . . ▶ 57

Other Taxes

58 Self-employment tax. Attach Schedule SE . . . 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . 60

61 Advance earned income credit payments from Form(s) W-2 . . . 61

62 Household employment taxes. Attach Schedule H . . . 62

63 Add lines 57 through 62. This is your **total tax** . . . ▶ 63

Payments

64 Federal income tax withheld from Forms W-2 and 1099 . . 64

65 2005 estimated tax payments and amount applied from 2004 return 65

If you have a qualifying child, attach Schedule EIC.

66a **Earned income credit (EIC)** . . . 66a

b Nontaxable combat pay election ▶ 66b

67 Excess social security and tier 1 RRTA tax withheld (see page 59) 67

68 Additional child tax credit. Attach Form 8812 . . . 68

69 Amount paid with request for extension to file (see page 59) 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 . 70

71 Add lines 64, 65, 66a, and 67 through 70. These are your **total payments** . . . ▶ 71

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you **overpaid** 72

73a Amount of line 72 you want **refunded to you** . . . ▶ 73a

▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number

74 Amount of line 72 you want **applied to your 2006 estimated tax** ▶ 74

Amount You Owe

75 **Amount you owe.** Subtract line 71 from line 63. For details on how to pay, see page 60 ▶ 75

76 Estimated tax penalty (see page 60) . . . 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶		EIN	
		Phone no. ( )	

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SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2005

Attachment Sequence No. 07

Name(s) shown on Form 1040 | Your social security number

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-2)	1			
	2	Enter amount from Form 1040, line 38 [2]				
	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid (See page A-2.)	5	State and local **(check only one box):** a ☐ Income taxes, **or** b ☐ General sales taxes (see page A-3)	5			
	6	Real estate taxes (see page A-5)	6			
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	
Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098	10			
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11			
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-6 for special rules	12			
	13	Investment interest. Attach Form 4952 if required. (See page A-6.)	13			
	14	Add lines 10 through 13			14	
Gifts to Charity	15a	Total gifts by cash or check. If you made any gift of $250 or more, see page A-7	15a			
If you made a gift and got a benefit for it, see page A-7.	b	Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see page A-7) [15b]				
	16	Other than by cash or check. If any gift of $250 or more, see page A-7. You **must** attach Form 8283 if over $500	16			
	17	Carryover from prior year	17			
	18	Add lines 15a, 16, and 17			18	
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)			19	
Job Expenses and Certain Miscellaneous Deductions (See page A-8.)	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶	20			
	21	Tax preparation fees	21			
	22	Other expenses—investment, safe deposit box, etc. List type and amount ▶	22			
	23	Add lines 20 through 22	23			
	24	Enter amount from Form 1040, line 38 [24]				
	25	Multiply line 24 by 2% (.02)	25			
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	
Other Miscellaneous Deductions	27	Other—from list on page A-9. List type and amount ▶			27	
Total Itemized Deductions	28	Is Form 1040, line 38, over $145,950 (over $72,975 if married filing separately)? ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See page A-9 for the amount to enter. ▶			28	
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. | Your social security number

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶	1	
2	Add the amounts on line 1	2	
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2.)

		Yes	No
	You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
7a	At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1.		
b	If "Yes," enter the name of the foreign country ▶		
8	During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

▶ Attach to Form 1040 or 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2005

Attachment Sequence No. 09

Name of proprietor | Social security number (SSN)

A Principal business or profession, including product or service (see page C-2 of the instructions) | B Enter code from pages C-8, 9, & 10 ▶

C Business name. If no separate business name, leave blank. | D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses ☐ Yes ☐ No

H If you started or acquired this business during 2005, check here ▶ ☐

Part I Income

1	Gross receipts or sales. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here ▶ ☐	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42 on page 2)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see page C-3)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see page C-5):		
11	Contract labor (see page C-4)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel, meals, and entertainment:		
				a	Travel	24a	
14	Employee benefit programs (other than on line 19)	14		b	Deductible meals and entertainment (see page C-5)	24b	
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest:			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27	Other expenses (from line 48 on page 2)	27	
b	Other	16b					
17	Legal and professional services	17					

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ▶	28	
29	Tentative profit (loss). Subtract line 28 from line 7	29	
30	Expenses for business use of your home. Attach **Form 8829**	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you **must** go to line 32.	31	
32	If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.	

For Paperwork Reduction Act Notice, see page C-7 of the instructions. Cat. No. 11334P **Schedule C (Form 1040) 2005**

Part III Cost of Goods Sold (see page C-6)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ ....../....../......

44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business .... b Commuting (see instructions) .... c Other ....

45 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on page 1, line 27	48	145

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2005

Attachment Sequence No. 12

Name(s) shown on Form 1040

Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1						

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2	
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3	
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** on page D-6 of the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)	7	

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8						

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9	
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See page D-1 of the instructions	13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** on page D-6 of the instructions	14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back	15	

Part III Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below . . | 16 |

17 Are lines 15 and 16 **both** gains?
- ☐ **Yes.** Go to line 18.
- ☐ **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-7 of the instructions . . . ▶ | 18 |

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-8 of the instructions . . . ▶ | 19 |

20 Are lines 18 and 19 **both** zero or blank?
- ☐ **Yes.** Complete Form 1040 through line 43, and then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040. **Do not** complete lines 21 and 22 below.
- ☐ **No.** Complete Form 1040 through line 43, and then complete the **Schedule D Tax Worksheet** on page D-9 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, the **smaller** of:
- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500) } . . . | 21 | ( )

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b?
- ☐ **Yes.** Complete Form 1040 through line 43, and then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040.
- ☐ **No.** Complete the rest of Form 1040.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2005

Attachment Sequence No. **13**

Name(s) shown on return | **Your social security number**

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1	List the type and location of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days **or** • 10% of the total days rented at fair rental value? (See page E-3.)		Yes	No
A			A		
B			B		
C			C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
3 Rents received	3				3	
4 Royalties received	4				4	
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-4)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-4)	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see page E-4)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file **Form 6198**	22					
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file **Form 8582.** Real estate professionals must complete line 43 on page 2	23	( )	( )	( )		
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24	
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2					26	

148

Name(s) shown on return. Do not enter name and social security number if shown on other side. | Your social security number

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☐ No
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30 Add columns (g) and (j) of line 29a	30	
31 Add columns (f), (h), and (i) of line 29b	31	( )
32 **Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35 Add columns (d) and (f) of line 34a	35	
36 Add columns (c) and (e) of line 34b	36	( )
37 **Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-6)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40 Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41 **Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17 ▶	41	
42 **Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code N; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43 **Reconciliation for real estate professionals.** If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

149

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2004, or tax year beginning ...., 2004, and ending ...., 20.....
▶ See separate instructions.

OMB No. 1545-0099

2004

A Principal business activity	Use the IRS label. Otherwise, print or type.	Name of partnership	D Employer identification number
B Principal product or service		Number, street, and room or suite no. If a P.O. box, see page 14 of the instructions.	E Date business started
C Business code number		City or town, state, and ZIP code	F Total assets (see page 14 of the instructions) $

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
H Check accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ ....
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ ....

Caution: *Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

Income

1a	Gross receipts or sales	1a			
b	Less returns and allowances	1b		1c	
2	Cost of goods sold (Schedule A, line 8)			2	
3	Gross profit. Subtract line 2 from line 1c			3	
4	Ordinary income (loss) from other partnerships, estates, and trusts *(attach schedule)*			4	
5	Net farm profit (loss) *(attach Schedule F (Form 1040))*			5	
6	Net gain (loss) from Form 4797, Part II, line 17			6	
7	Other income (loss) *(attach statement)*			7	
8	**Total income (loss).** Combine lines 3 through 7			8	

Deductions (see page 16 of the instructions for limitations)

9	Salaries and wages (other than to partners) (less employment credits)			9	
10	Guaranteed payments to partners			10	
11	Repairs and maintenance			11	
12	Bad debts			12	
13	Rent			13	
14	Taxes and licenses			14	
15	Interest			15	
16a	Depreciation *(if required, attach Form 4562)*	16a			
b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	
17	Depletion **(Do not deduct oil and gas depletion.)**			17	
18	Retirement plans, etc.			18	
19	Employee benefit programs			19	
20	Other deductions *(attach statement)*			20	
21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21	
22	**Ordinary business income (loss).** Subtract line 21 from line 8			22	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member manager ▶ Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶		EIN ▶	
		Phone no. ( )	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11390Z Form **1065** (2004)

Schedule A Cost of Goods Sold (see page 19 of the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs *(attach statement)*	4	
5	Other costs *(attach statement)*	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:
- (i) ☐ Cost as described in Regulations section 1.471-3
- (ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
- (iii) ☐ Other (specify method used and attach explanation) ▶ ....

b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶ ☐

c Check this box if the LIFO inventory method was adopted this tax year for any goods *(if checked, attach Form 970)*. ▶ ☐

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? ☐ Yes ☐ No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation.

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box: a ☐ Domestic general partnership b ☐ Domestic limited partnership c ☐ Domestic limited liability company d ☐ Domestic limited liability partnership e ☐ Foreign partnership f ☐ Other ▶		
2	Are any partners in this partnership also partnerships?		
3	During the partnership's tax year, did the partnership own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under Regulations sections 301.7701-2 and 301.7701-3? If yes, see instructions for required attachment		
4	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		
5	Does this partnership meet all three of the following requirements? a The partnership's total receipts for the tax year were less than $250,000; b The partnership's total assets at the end of the tax year were less than $600,000; and c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item N on Schedule K-1.		
6	Does this partnership have any foreign partners? If "Yes," the partnership may have to file Forms 8804, 8805 and 8813. See page 20 of the instructions		
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		
8	Has this partnership filed, or is it required to file, Form 8264, Application for Registration of a Tax Shelter?		
9	At any time during calendar year 2004, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country. ▶		
10	During the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520. See page 21 of the instructions		
11	Was there a distribution of property or a transfer (e.g., by sale or death) of a partnership interest during the tax year? If "Yes," you may elect to adjust the basis of the partnership's assets under section 754 by attaching the statement described under *Elections Made By the Partnership* on page 9 of the instructions		
12	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶		

Designation of Tax Matters Partner (see page 21 of the instructions)
Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶ ______ Identifying number of TMP ▶ ______

Address of designated TMP ▶ ______

Schedule K — Partners' Distributive Share Items

						Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)			1	
	2	Net rental real estate income (loss) *(attach Form 8825)*			2	
	3a	Other gross rental income (loss)	3a			
	b	Expenses from other rental activities *(attach statement)*	3b			
	c	Other net rental income (loss). Subtract line 3b from line 3a			3c	
	4	Guaranteed payments			4	
	5	Interest income			5	
	6	Dividends: a Ordinary dividends			6a	
		b Qualified dividends	6b			
	7	Royalties			7	
	8	Net short-term capital gain (loss) *(attach Schedule D (Form 1065))*			8	
	9a	Net long-term capital gain (loss) *(attach Schedule D (Form 1065))*			9a	
	b	Collectibles (28%) gain (loss)	9b			
	c	Unrecaptured section 1250 gain *(attach statement)*	9c			
	10	Net section 1231 gain (loss) *(attach Form 4797)*			10	
	11	Other income (loss) *(attach statement)*			11	
Deductions	12	Section 179 deduction *(attach Form 4562)*			12	
	13a	Contributions			13a	
	b	Deductions related to portfolio income *(attach statement)*			13b	
	c	Investment interest expense			13c	
	d	Section 59(e)(2) expenditures: (1) Type ▶		(2) Amount ▶	13d(2)	
	e	Other deductions *(attach statement)*			13e	
Self-Employment	14a	Net earnings (loss) from self-employment			14a	
	b	Gross farming or fishing income			14b	
	c	Gross nonfarm income			14c	
Credits & Credit Recapture	15a	Low-income housing credit (section 42(j)(5))			15a	
	b	Low-income housing credit (other)			15b	
	c	Qualified rehabilitation expenditures (rental real estate) *(attach Form 3468)*			15c	
	d	Other rental real estate credits			15d	
	e	Other rental credits			15e	
	f	Other credits and credit recapture *(attach statement)*			15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶				
	b	Gross income from all sources			16b	
	c	Gross income sourced at partner level			16c	
		Foreign gross income sourced at partnership level				
	d	Passive ▶	e Listed categories *(attach statement)* ▶	f General limitation ▶	16f	
		Deductions allocated and apportioned at partner level				
	g	Interest expense ▶		h Other ▶	16h	
		Deductions allocated and apportioned at partnership level to foreign source income				
	i	Passive ▶	j Listed categories *(attach statement)* ▶	k General limitation ▶	16k	
	l	Foreign taxes: (1) Paid ▶		(2) Accrued ▶	16l(2)	
	m	Reduction in taxes available for credit *(attach statement)*			16m	
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment			17a	
	b	Adjusted gain or loss			17b	
	c	Depletion (other than oil and gas)			17c	
	d	Oil, gas, and geothermal properties—gross income			17d	
	e	Oil, gas, and geothermal properties—deductions			17e	
	f	Other AMT items *(attach statement)*			17f	
Other Information	18a	Tax-exempt interest income			18a	
	b	Other tax-exempt income			18b	
	c	Nondeductible expenses			18c	
	19a	Distributions of cash and marketable securities			19a	
	b	Distributions of other property			19b	
	20a	Investment income			20a	
	b	Investment expenses			20b	
	c	Other items and amounts *(attach statement)*				

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, 16l(1), and 16l(2)	1

2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other
a General partners						
b Limited partners						

Note: Schedules L, M-1, and M-2 are not required if Question 5 of Schedule B is answered "Yes."

Schedule L — Balance Sheets per Books

Assets	Beginning of tax year (a)	(b)	End of tax year (c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets *(attach statement)*				
7 Mortgage and real estate loans				
8 Other investments *(attach statement)*				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets *(attach statement)*				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities *(attach statement)*				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities *(attach statement)*				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M-1 — Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):			
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13e, 16l(1), and 16l(2), not charged against book income this year (itemize): a Depreciation $	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, 16l(1), and 16l(2) (itemize): a Depreciation $ b Travel and entertainment $		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	

Schedule M-2 — Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Balance at end of year. Subtract line 8 from line 5	

6511

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0099

Schedule K-1 (Form 1065) 2004

Department of the Treasury
Internal Revenue Service

Tax year beginning ____________, 2004
and ending ____________, 20__

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return

D ☐ Check if this is a publicly traded partnership (PTP)

E ☐ Tax shelter registration number, if any ____________

F ☐ Check if Form 8271 is attached

Part II Information About the Partner

G Partner's identifying number

H Partner's name, address, city, state, and ZIP code

I ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

J ☐ Domestic partner ☐ Foreign partner

K What type of entity is this partner? ____________

L Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

M Partner's share of liabilities at year end:

Nonrecourse . . . . $____________

Qualified nonrecourse financing . . $____________

Recourse . . . . $____________

N Partner's capital account analysis:

Beginning capital account . . . . $____________

Capital contributed during the year . $____________

Current year increase (decrease) . . $____________

Withdrawals & distributions . . . $(____________)

Ending capital account . . . . $____________

☐ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)

2 Net rental real estate income (loss)

3 Other net rental income (loss)

4 Guaranteed payments

5 Interest income

6a Ordinary dividends

6b Qualified dividends

7 Royalties

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss)

9b Collectibles (28%) gain (loss)

9c Unrecaptured section 1250 gain

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

14 Self-employment earnings (loss)

15 Credits & credit recapture

16 Foreign transactions

17 Alternative minimum tax (AMT) items

18 Tax-exempt income and nondeductible expenses

19 Distributions

20 Other information

*See attached statement for additional information.

For IRS Use Only

Form **1120-A** | **U.S. Corporation Short-Form Income Tax Return** | OMB No. 1545-0890

Department of the Treasury
Internal Revenue Service

For calendar year 2005 or tax year beginning.............., 2005, ending.............., 20....
▶ See separate instructions to make sure the corporation qualifies to file Form 1120-A.

2005

A Check this box if the corporation is a personal service corporation (see instructions). . ☐

Use IRS label. Otherwise, print or type.

Name

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state, and ZIP code

B Employer identification number

C Date incorporated

D Total assets (see instructions)

$

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

F Check accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Income

1a	Gross receipts or sales ______ b Less returns and allowances ______ c Balance ▶	1c	
2	Cost of goods sold (see instructions)	2	
3	Gross profit. Subtract line 2 from line 1c	3	
4	Domestic corporation dividends subject to the 70% deduction	4	
5	Interest	5	
6	Gross rents	6	
7	Gross royalties	7	
8	Capital gain net income (attach Schedule D (Form 1120))	8	
9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10	Other income (see instructions—attach schedule)	10	
11	**Total income.** Add lines 3 through 10 ▶	11	

Deductions (See instructions for limitations on deductions.)

12	Compensation of officers (see instructions)	12	
13	Salaries and wages (less employment credits)	13	
14	Repairs and maintenance	14	
15	Bad debts	15	
16	Rents	16	
17	Taxes and licenses	17	
18	Interest	18	
19	Charitable contributions (see instructions for 10% limitation)	19	
20a	Depreciation (attach Form 4562) 20a		
b	Less depreciation claimed elsewhere on return 20b	20c	
21	Domestic production activities deduction (attach Form 8903)	21	
22	Other deductions (attach schedule)	22	
23	**Total deductions.** Add lines 12 through 22 ▶	23	
24	Taxable income before net operating loss deduction and special deductions. Subtract line 23 from line 11	24	
25	**Less:** a Net operating loss deduction (see instructions) 25a		
	b Special deductions (see instructions) 25b	25c	

Tax and Payments

26	**Taxable income.** Subtract line 25c from line 24	26	
27	**Total tax** (page 2, Part I, line 5)	27	
28	**Payments:**		
a	2004 overpayment credited to 2005 28a		
b	2005 estimated tax payments 28b		
c	Less 2005 refund applied for on Form 4466 28c ( ) Bal ▶ 28d		
e	Tax deposited with Form 7004 28e		
f	Credits: (1) Form 2439 ______ (2) Form 4136 ______ 28f		
g	**Total payments.** Add lines 28d through 28f	28g	
29	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐	29	
30	**Tax due.** If line 28g is smaller than the total of lines 27 and 29, enter amount owed	30	
31	**Overpayment.** If line 28g is larger than the total of lines 27 and 29, enter amount overpaid	31	
32	Enter amount of line 31 you want: **Credited to 2006 estimated tax** ▶ Refunded ▶	32	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ EIN

Phone no. ( )

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11456E Form **1120-A** (2005)

Part I Tax Computation (see instructions)

1 Income tax. If the corporation is a qualified personal service corporation (see instructions), check here ▶ ☐	1	
2 General business credit. Check box(es) and indicate which forms are attached: ☐ Form 3800 ☐ Form(s) (specify) ▶	2	
3 Subtract line 2 from line 1	3	
4 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Form 8902 ☐ Other (attach schedule)	4	
5 **Total tax.** Add lines 3 and 4. Enter here and on page 1, line 27	5	

Part II Other Information (see instructions)

1 See instructions and enter the:
- a Business activity code no. ▶
- b Business activity ▶
- c Product or service ▶

2 At the end of the tax year, did any individual, partnership, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) ☐ Yes ☐ No
If "Yes," attach a schedule showing name and identifying number.

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $

4 Enter total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ $

5a If an amount is entered on page 1, line 2, enter from worksheet in instructions:

(1) Purchases	
(2) Additional 263A costs (attach schedule)	
(3) Other costs (attach schedule)	

b If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ No

6 At any time during the calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? ☐ Yes ☐ No
If "Yes," the corporation may have to file Form TD F 90-22.1.
If "Yes," enter the name of the foreign country ▶

7 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year **and** its total assets at the end of the tax year less than $250,000? ☐ Yes ☐ No
If "Yes," the corporation is **not** required to complete Parts III and IV below.

Part III Balance Sheets per Books

		(a) Beginning of tax year	(b) End of tax year
Assets	1 Cash		
	2a Trade notes and accounts receivable		
	b Less allowance for bad debts	( )	( )
	3 Inventories		
	4 U.S. government obligations		
	5 Tax-exempt securities (see instructions)		
	6 Other current assets (attach schedule)		
	7 Loans to shareholders		
	8 Mortgage and real estate loans		
	9a Depreciable, depletable, and intangible assets		
	b Less accumulated depreciation, depletion, and amortization	( )	( )
	10 Land (net of any amortization)		
	11 Other assets (attach schedule)		
	12 Total assets		
Liabilities and Shareholders' Equity	13 Accounts payable		
	14 Other current liabilities (attach schedule)		
	15 Loans from shareholders		
	16 Mortgages, notes, bonds payable		
	17 Other liabilities (attach schedule)		
	18 Capital stock (preferred and common stock)		
	19 Additional paid-in capital		
	20 Retained earnings		
	21 Adjustments to shareholders' equity (attach schedule)		
	22 Less cost of treasury stock	( )	( )
	23 Total liabilities and shareholders' equity		

Part IV Reconciliation of Income (Loss) per Books With Income per Return

1 Net income (loss) per books		6 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books			
3 Excess of capital losses over capital gains		7 Deductions on this return not charged against book income this year (itemize):	
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Income (page 1, line 24). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	

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Housing Consumer Education Centers

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Member Agencies

Berkshire Housing Development Corporation
74 North St.
Pittsfield, MA 01201
(413) 499-1630
Fax: (413) 445-7633
Email:
hwright@berkshirehousing.com
Visit their web site.

HAP, Inc.
322 Main St.
Springfield, MA 01105
(413) 233-1600
(800) 332-9667
Fax: (413) 731-8723
Email: hap@haphousing.org
Visit their web site.

RCAP Solutions, Inc.
205 School Street, PO Box 159
Gardner, MA 01440-0159
(978) 630-6600
Fax: (978) 630-2751
Email: hcec@rcapsolutions.org
Visit their web site.

Community Teamwork, Inc.
167 Dutton St.
Lowell, MA 01852
(978) 459-0551
(800) 698-0551
Fax: (978) 453-9128
Email:
cbeauregard@comteam.org
Visit their web site.

Housing Assistance Corporation
460 West Main St.
Hyannis, MA 02601
(508) 771-5400
Fax: (508) 775-7434
Email:
ndavison@haconcapecod.org
Visit their web site.

South Middlesex Opportunity Council, Inc.
300 Howard St.
Framingham, MA 01701
(508) 620-2675
(800) 286-6776
Fax: (508) 620-2612
Email: sarahc@smoc.org
Visit their web site.

Franklin County Housing & Redevelopment Authority
42 Canal Rd.
Turners Falls, MA 01376
(413) 863-9781
Email: jgiler@fchra.org
Visit their web site.

Metropolitan Boston Housing Partnership, Inc.
125 Lincoln Street
Boston, MA 02111-2503
(617) 425-6700
(800) 272-0990
Fax: (617) 437-9311
Email: edcenter@mbhp.org
Visit their web site.

South Shore Housing Development Corporation
169 Summer St.
Kingston, MA 02364
(781) 422-4200
(800) 242-0957
Fax: (781) 585-7483
Email:
bthompson@southshorehousing.org
Visit their web site.

HOUSING CONSUMER EDUCATION CENTERS
COMMUNITIES WITHIN REGIONS

Region 1
Metro Boston

Metropolitan Boston
Housing Partnership, Inc.
125 Lincoln Street
Boston, MA 02111
(617) 425-6700 or
(800) 272-0990

Arlington
Bedford
Belmont
Boston
Braintree
Brookline
Burlington
Cambridge
Chelsea
Everett
Lexington
Lynn
Malden
Medford
Melrose
Milton
Newton
North Reading
Quincy
Reading
Revere
Somerville
Stoneham
Wakefield
Waltham
Watertown
Wilmington
Winchester
Winthrop
Woburn

Region 2
Framingham Area

South Middlesex
Opportunity Council, Inc.
300 Howard Street
Framingham, MA 01701
(508) 620-2676 or
(800) 256-6776

Acton
Ashland
Avon
Boxborough
Canton
Carlisle
Concord
Dedham
Dover
Foxborough
Framingham
Holliston
Hopkinton
Hudson
Lincoln
Littleton
Marlborough
Maynard
Medfield
Medway
Millis
Natick
Needham
Norfolk
Norwood
Plainville
Sharon
Sherborn
Stoughton
Stow
Sudbury
Walpole
Wayland
Wellesley
Weston
Westwood
Wrentham

Region 3
South Shore

South Shore Housing
Development Corporation
169 Summer Street
Kingston, MA 02364
(781) 422-4200 or
(800) 242-0957

Abington
Acushnet
Attleboro
Berkley
Bridgewater
Brockton
Carver
Cohasset
Dartmouth
Dighton
Duxbury
East Bridgewater
Easton
Fairhaven
Fall River
Freetown
Halifax
Hanover
Hanson
Hingham
Holbrook
Hull
Kingston
Lakeville
Mansfield
Marion
Marshfield
Mattapoisett
Middleborough
New Bedford
North Attleborough
Norton
Norwell
Pembroke
Plymouth
Plympton
Randolph
Raynham
Rehoboth
Rochester
Rockland
Scituate
Seekonk
Somerset
Swansea
Taunton
Wareham
West Bridgewater
Westport
Weymouth
Whitman

Region 4
Lowell/Lawrence Area

Community Teamwork,
Inc.
167 Dutton Street
Lowell, MA 01852
(978) 459-0551 or
(800) 698-0551

Amesbury
Andover
Beverly
Billerica
Boxford
Chelmsford
Danvers
Dracut
Dunstable
Essex
Georgetown
Gloucester
Groveland
Hamilton
Haverhill
Ipswich
Lawrence
Lowell
Lynnfield
Manchester
Marblehead
Merrimac
Methuen
Middleton
Nahant
Newbury
Newburyport
North Andover
Peabody
Rockport
Rowley
Salem
Salisbury
Saugus
Swampscott
Tewksbury
Topsfield
Tyngsborough
Wenham
West Newbury
Westford

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HOUSING CONSUMER EDUCATION CENTERS
COMMUNITIES WITHIN REGIONS

Region 5
Cape Cod & Islands
Housing Assistance Corporation
460 West Main Street
Hyannis, MA 02601
(508) 771-5400
(877) 852-0317 toll free

Barnstable
Bourne
Brewster
Chatham
Chilmark
Dennis
Eastham
Edgartown
Falmouth
Gay Head
Gosnold
Harwich
Mashpee
Nantucket
Oak Bluffs
Orleans
Provincetown
Sandwich
Tisbury
Truro
Wellfleet
West Tisbury
Yarmouth

Region 6
Worcester County
RCAP Solutions, Inc.
205 School Street
P. O. Box 159
Gardner, MA 01440
(978) 630-6680
(800) 488-1959

Ashburnham
Ashby
Athol
Auburn
Ayer
Barre
Bellingham
Berlin
Blackstone
Bolton
Boylston
Brookfield
Charlton
Clinton
Douglas
Dudley
East Brookfield
Fitchburg
Franklin
Gardner
Grafton
Groton
Hardwick
Harvard
Holden
Hopedale
Hubbardston
Lancaster
Leicester
Leominster
Lunenburg
Mendon
Milford
Millbury
Millville
New Braintree
North Brookfield
Northborough
Northbridge
Oakham
Oxford
Paxton
Pepperell
Petersham
Phillipston
Princeton
Royalston
Rutland
Shirley
Shrewsbury
Southborough
Southbridge
Spencer
Sterling
Sturbridge
Sutton
Templeton
Townsend
Upton
Uxbridge
Warren
Webster
West Boylston
West Brookfield
Westborough
Westminster
Winchendon
Worcester

Region 7
Hampden & Hampshire
HAP, Inc. The Region's Housing Partnership
322 Main Street
Springfield, MA 01105
(413) 233-1600 or
(800) 332-9667
TDD (413) 233-1699

Agawam
Amherst
Belchertown
Blandford
Brimfield
Chester
Chesterfield
Chicopee
Cummington
East Longmeadow
Easthampton
Goshen
Granby
Granville
Hadley
Hampden
Hatfield
Holland
Holyoke
Huntington
Longmeadow
Ludlow
Middlefield
Monson
Montgomery
Northampton
Palmer
Pelham
Plainfield
Russell
South Hadley
Southampton
Southwick
Springfield
Tolland
Wales
Ware
West Springfield
Westfield
Westhampton
Wilbraham
Williamsburg
Worthington

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HOUSING CONSUMER EDUCATION CENTERS
COMMUNITIES WITHIN REGIONS

Region 8	Region 9
<u>Franklin County</u>	<u>Berkshire County</u>
Franklin County Regional Housing & Redevelopment Authority	**Berkshire Housing Development Corporation**
P.O. Box 30	74 North Street
42 Canal Road	Pittsfield, MA 01201
Turners Falls, MA 01376	(413) 499-4887
(413) 863-9781	
Ashfield	Adams
Bernardston	Alford
Buckland	Becket
Charlemont	Cheshire
Colrain	Clarksburg
Conway	Dalton
Deerfield	Egremont
Erving	Florida
Gill	Great Barrington
Greenfield	Hancock
Hawley	Hinsdale
Heath	Lanesborough
Leverett	Lee
Leyden	Lenox
Monroe	Monterey
Montague	Mount Washington
New Salem	New Ashford
Northfield	New Marlborough
Orange	North Adams
Rowe	Otis
Shelburne	Peru
Shutesbury	Pittsfield
Sunderland	Richmond
Warwick	Sandisfield
Wendell	Savoy
Whately	Sheffield
	Stockbridge
	Tyringham
	Washington
	West Stockbridge
	Williamstown
	Windsor